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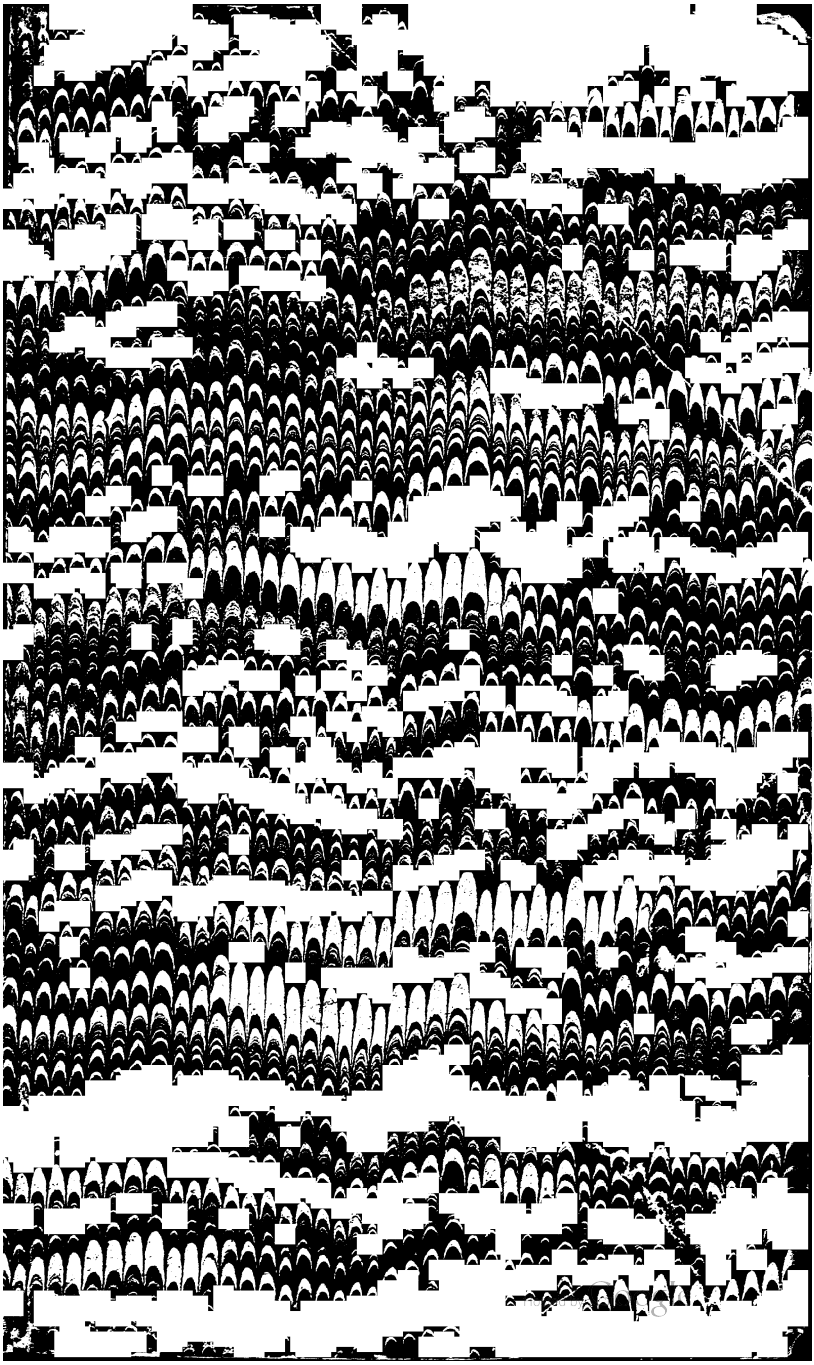

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HARTMANN'S

THEORY

OF

ACUTE DISEASES

AND THEIR

HOMŒOPATHIC TREATMENT.

THIRD GERMAN EDITION,

REVISED AND CONSIDERABLY ENLARGED BY THE AUTHOR.

TRANSLATED, WITH ADDITIONS,

AND ADAPTED TO THE USE OF THE AMERICAN PROFESSION,

BY CHARLES J. HEMPEL, M. D.

VOL. I.

NEW-YORK:
WILLIAM RADDE, 322 BROADWAY.
PHILADELPHIA:—C. L. RADEMACHER, 39 NORTH FOURTH-ST.
BOSTON:—OTIS CLAPP, 12 SCHOOL-ST.
LONDON:—H. BALLIÈRE, 219 REGENT-STREET.
1847.

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Entered, according to Act of Congress, in the year 1847, by

WILLIAM RADDE,

In the Clerk's Office of the District Court of the United States, for the Southern District of New-York.

H. LUDWIG, PRINTER, 70 & 72 VESEY-ST., N. Y.

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THE TRANSLATOR'S PREFACE.

THE second volume of Hartmann's Acute Diseases will appear very shortly.

We have nothing to mention in regard to the mode in which this work is to be used. It should be read and studied from beginning to end; that is all.

As this work is intended for practitioners generally, beginners as well as those who are more advanced in our practice, it may be proper to give a brief explanation of the various modes in which our medicines may be administered. We have nothing to say about the frequency or magnitude of the doses, as the reader will find that subject fully explained and inquired into in the body of the work. All that we wish to do in this place, is to inform the beginner of the various modes in which the medicines may be given to the patient.

Administration of the pellets.—Two or three pellets may be placed upon the patient's tongue, taking care, however, that the mouth should be well washed previously. If the complaint should be of such a nature as will evidently require more than one dose of the medicine, the pellets, seven or eight in number, may be dissolved in half a tumblerful of water, turning the solution some twenty times from one tumbler into another one backwards and forwards; the tumblers should be well cleansed and dried before using them; nothing fuzzy should be left hanging about them. Never use the same tumbler for two different kinds of medicine. Let not the solution be exposed to

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the light, keep the tumblers covered, and use a separate spoon for each medicine.

Administration of powders.—If the patient should prefer taking the medicine in powders, use one drop of the medicine to about twenty or twenty-five powders; a powder should not weigh more than one grain.

Administration of the tinctures.—The tinctures should always be given in water, one or two drops in a tumblerful, stirring the solution well.

Administration of the lower triturations.—No trituration below the third should be given in water, but always in one-grain powders.

Hahnemann's favourite mode of administering the remedies was this: he dissolved a few pellets in a tumblerful of water, in the manner which has been indicated above, and then mixed a tablespoonful of that solution with another tumblerful of water, turning the solution twenty or thirty times from one tumbler into another backwards and forwards. This double mixing is very often required with the tinctures. A simple mixture of the tincture will frequently be found inefficient, whereas a doubly-mixed tincture has the best effect, provided the remedy is the true one.

Any medicine which is taken in water should be turned five or six times from one tumbler into another, previous to taking a new dose.

CHARLES J. HEMPEL, M.D.

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THE AUTHOR'S PREFACES

TO THE THREE EDITIONS OF THIS WORK,

CONDENSED INTO ONE.

For the last ten years the homœopathic science and art of healing has been considerably perfected in all its branches; but no work has as yet been published which furnishes a systematic exposition of the treatment which ought to be adopted in the different diseases. This omission is probably owing in part to the inherent difficulty of the undertaking, and partly to Hahnemann having remarked that no treatment can be based upon the classification of diseases as adopted by the old school. I have never despaired of succeeding in completing a work containing a systematic exposition of the homœopathic treatment of disease, so much more as the phenomena which constitute the diseases, as described in allopathic books, are contained among the symptoms obtained by the provers of drugs, such as: asthma Millari, cholera morbus, fever and ague, and its varieties. It is the very plan which has been adopted by the author of homœopathy, of arranging the symptoms of a drug in one list, and of distributing them in groups, that has suggested to me the idea and arrangement of the present work. I trust I have rendered a service to beginners, by describing the general diagnostic characteristics of a disease at the commence-

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ment of the chapter; the more particular indications for the special remedies have not been omitted.

My remarks on diagnosis, prognosis, etiology, classification of diseases, are necessarily very brief, and may call forth censure on the part of allopathic physicians. My object has been to furnish an accurate account of the homœopathic treatment of disease. As regards the generalities and the collateral sciences in medicine, I had a right to expect that every homœopathic practitioner should be thoroughly acquainted with them. Some allopaths may find fault with the distribution of the work; to such critics I have simply to observe that the distribution of the work has been a matter of secondary importance, and that my main object in adopting any classification of disease has been to establish points of reference which would facilitate the use of the work; the treatment and nature of diseases do not depend upon their classification. Certain diseases, which are considered chronic by allopathic physicians, have been transferred to the acute forms of disease; my reasons for making this change have been stated in treating of those diseases.

It is more than probable that indolent and indifferent practitioners will avail themselves of this work as a means of avoiding study and labour. To all such I would repeat the words of Pfeuffer, which may be found in his "Deceptions at the Sick-Bed." "Every case of disease, in spite of the physiognomic character which it may possess in common with other diseases, is an individual existence or form, upon which the dogmatism of the schools will be frequently wrecked. The power to individualize distinguishes the true physician from the routinier, whose rules and principles diminish as he advances in his practice."

The present work purports to be the mere outline of a future system of therapeutics, although such a system can never be made complete enough to give the beginners fixed rules for the treat-

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ment of every case, inasmuch as every case ought to be considered a distinct affection which has never existed before in precisely the same form, and for which no remedy can be pointed out beforehand (except a few contagious and miasmatic diseases, such as: scarlatina, measles, smallpox, purple-rash, syphilis, etc.). This observation, which has been so frequently repeated by homœopathic physicians, ought to convince allopaths that their opponents cannot cure disease unless they possess the power to investigate the symptoms and the perceptible character of a disease with great accuracy, which they cannot do without a profound knowledge of anatomy, physiology, pathology, etc. Why then should homœopaths be called ignorant, as has so often been the case?

According to homœopathy, congestion, fever, inflammation, constitute the second phasis of a disease, which depends upon a morbid alteration of the nervous system. Starting from this ground I ought to have treated in the first place the affections of the nervous system; I have preferred preserving the common division of diseases, in order to avoid all unnecessary and embarrassing innovations. In describing the symptoms of diseases I have observed the following order: those of the irritable sphere first; next, those of the reproductive and sensitive sphere; and, lastly, some affections of the sexual organs, to which the diseases of females have been added, including the diseases of the female sexual organs.

The inflammatory affections of the male sexual organs will be found described in the chapter on blennorrhœa of the male urethra.

No essential changes have been made in the three editions of this work, except some changes in the arrangement of the materials and practical observations derived from my own experience and that of my friends. As regards the fundamental principles of our art, I can truly say, that I am more than ever convinced of their truth, and that I cherish particularly the great

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principle of selecting a remedy in accordance with the perceptible phenomena of the disease. I have, moreover, become convinced, that Hahnemann was right in exacting the most minute examination of a case; although he has modified his original views in many respects, yet he has constantly insisted with an unyielding firmness upon the necessity of making a rigid examination. Homœopathy would perish, if we were to neglect that most important part of the treatment.

I have now practised homœopathy for twenty-eight years, and my practice has been very extensive. This long period has afforded me abundant opportunities of becoming aware, that our knowledge of the internal character of disease is yet very imperfect, and that we have not even yet discovered a corresponding simile for every disease. Nevertheless, I cannot chime in with the wild innovations of the pretended modern reformers of homœopathy. We should prove all things and hold fast to those that are good; but, on the other hand, we ought not to abandon a single rule or opinion, without having become convinced by rigid and impartial investigation, that it is either useless or erroneous.

F. HARTMANN, M.D.

Leipsic, Sept. 21st, 1846.

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CONTENTS.

Page

INTRODUCTION. 25

Fundamental Principle, ... 26

Proving of Drugs, ... 28

Investigation of the Symptoms, ... 29

Causa Occasionalis, Necessity of Investigating the, ... 31

Examination of a Case, ... 32

CLASSIFICATION OF DISEASES. 38

Diseases belonging to particular Ages, ... 39

" " Different sexes, ... 39

" " Trades and Professions, ... 40

" Sporadic, ... 40

" Endemic, ... 40

" Epidemic, ... 41

" Annual, ... 41

" Stationary, ... 41

" Intermittent, ... 41

" Hereditary, ... 43

" Congenital, ... 43

" Acquired, ... 44

" Primary, ... 44

" Secondary, ... 44

Hosted by Google

Page

Diseases, Contagious, ... 44
" Miasmatic, ... 44
" Acute, ... 45
" Chronic, ... 45
" of the Mind, ... 47

GENERAL THERAPEUTIC RULES. 50

Different Modes of Treatment, ... 52
Treatment, Specific, ... 52
" Prophylactic, ... 52
" Palliative, ... 53
" Derivative, ... 56
" Empirical, ... 57
" Isopathic, ... 58
Dose, Magnitude of, ... 60
Dynamization, ... 61
Modus Operandi of our remedial agents, ... 71
Division of our remedies into antiphlogistics and antipsorics, . 74
Repetition of doses, ... 77-79
Mixing the remedies, ... 78
Diet, General, ... 81

FEVER.

GENERAL REMARKS.

Common Symptoms of Fevers, ... 85
Causes of Fevers, ... 86
Critical Phenomena, ... 86
" Sweat, ... 87
" Rash, ... 88
" Urine, ... 89

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Page

Changeable Urine, ... 89

Critical Hemorrhage, ... 90

Dangerous Hemorrhage in Fevers, ... 90-92

Critical Discharges from the Bowels, ... 93

" Vomiting, ... 93

" Expectoration, ... 93

" Ptyalism, ... 94

GENERAL REMOTE CAUSES OF FEVER. 94

Atmospheric Air, ... 95

Contagia, ... 95

Miasmata, ... 95

Passions and Emotions, ... 96

Derangements of the Intestinal Canal, ... 96

Want of Necessaries, ... 97

CLASSIFICATION OF FEVERS. 97

Fevers, Synochal, ... 97

" Synochus, ... 98

" Typhoid, ... 98

" Torpor, ... 98

Prognosis, ... 100

Terminations, ... 101

Diet, ... 102

Temperature, ... 103

SPECIAL PATHOLOGY OF FEVERS.

FIRST CLASS.

Synochal Fevers, ... 108

Pathology, ... 110

Treatment, ... 111

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Page

Fever of Dentition, ... 115

Teething, Pathology of, ... 116

Diseases occurring during the period of Teething, ... 116

Spasms and Convulsions, ... 120

SECOND CLASS.

Catarrhal Fever, ... 123

" " in Children, ... 133

Influenza, ... 135

Grippe, ... 136

THIRD CLASS.

Simple Rheumatic Fever, ... 140

FOURTH CLASS.

Gastric Fevers, ... 151

Status Gastricus, ... 151

Saburral, Gastric, Bilious Fevers, ... 154

Mucous Fevers, ... 165

Status Pituitosus, ... 168

Worm Fever, ... 172

Tænia, ... 179–182

Febrile Conditions resembling Cholera, ... 182

Cholera, Sporadic, ... 184

" Asiatic, ... 187

Dysentery, ... 202

" Inflammatory, ... 206

" Gastric, ... 208

" Bilious, ... 209

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Page

Dysentery, Pituitous, ... 209
" Mucous, ... 210
" Worm, ... 212
" Putrid, ... 213
Diarrhœa, ... 214
" Stercoralis, ... 215
" Aquosa, ... 215
" Biliosa, ... 217
" Mucosa, ... 219

FIFTH CLASS.

Typhus, ... 220
Diagnosis, ... 221
Varieties of Typhus, ... 221
Typhus Cerebralis, ... 221
" Abdominalis, ... 222
" Pneumo- 222
Remote Causes of Typhus, ... 223
Prognosis, ... 224
Terminations, ... 224
Treatment, ... 225
Typhus Stupidus, ... 234
" Gastricus, ... 238
" Arising from other Diseases, ... 245
Diet in Typhus, ... 251
Typhus Putridus, ... 252
" Contagiosus, ... 254
" Pestilentialis, ... 255
Yellow Fever, ... 255
Typhus Lentus, ... 256

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SIXTH CLASS.

Page

Intermittent Fevers, ... 258

Causes, ... 261

Treatment, ... 261

Endemic Intermittent Fevers, ... 261

Intermittent Headache, ... 268

Drug-Diseases, ... 269

China-Cachexia, ... 269

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INTRODUCTION.

It is now more than fifty years since homœopathy was discovered by the profound and learned Dr. Hahnemann. Its claims and merits are now universally appreciated, and in spite of the intrigues and invectives of its opponents, it has succeeded in gaining the rank of an acknowledged science. It owes its triumph to the fact that the principles of homœopathy are generalizations established in the eternal and immutable household of nature. During the first twenty years of his discovery, Hahnemann was alone in cultivating and perfecting it; but after that period he formed disciples; physicians from the old school, who at first considered homœopathy a mere creation of the fancy, became converts to the new doctrine, and, at the present moment, it is triumphantly practised in every civilized country, and not only spreads farther and farther, but its intrinsic value is likewise being constantly enhanced by new discoveries. This success could only be accomplished by a mode of cure which is derived from the laws of nature, and is confirmed every day by the results of experience. But what will be the influence and extent of homœopathy when its practitioners shall have increased by thousands, and shall devote all their energies to the development of their art; heedful of the warning of their master, that no created spirit can penetrate to the causative principles of nature without substituting in their stead speculative and hypothetical explanations and opinions and receding more and more from the paths of nature? We may certainly hope, without being sanguine, that after the next fifty years, homœopathy will be far

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ahead of any other system of cure. Be it remembered, however, that, in order to attain such brilliant results, all homœopathic practitioners ought to devote themselves to calm inquiry and rigid observation, and that their efforts in the great cause ought never to slacken.

However interesting it might be to our readers to glance in this place over a detailed account of the mode in which Hahnemann gradually arrived at the discovery and realization of his system, yet we prefer omitting the relation of facts with which our readers are abundantly familiar, and confine ourselves to stating the fundamental principles of homœopathy; these form a complete system of general therapeutics, and a correct knowledge of those principles is essential to the proper understanding and appreciation of the special principles of our treatment of disease.

The fundamental principle of homœopathy is expressed in these words: "Similia similibus curantur," which means, that only such remedies are capable of effecting a permanent and real cure as affect the healthy organism in a manner similar to the natural disease. This fundamental principle of cure was discovered by Hahnemann while he translated Cullen's Materia Medica (Leipsic, 1790), where his attention was arrested by the statements about the febrifuge power of Cinchona. Upon proving this drug on healthy persons, a state similar to fever and ague was realized in the provers, beside many other symptoms which had never been mentioned by any writer before. From this fact Hahnemann inferred what was afterwards confirmed as a great truth, that medicines are only in so far capable of curing disease as they realize in a healthy person a morbid state similar to the natural disturbance of the organism. Led by his experience, Hahnemann established the following rule for the further development of his system:

Prove the drugs upon healthy persons, in order to find out what systems and organs are principally affected by them and what are the symptoms characterizing

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that affection. It is true that the necessity of such provings had been perceived by single physicians, and that partial provings have been instituted before Hahnemann; but they were never carried on systematically with a view of obtaining a correct knowledge of the curative powers of drugs and applying them to the treatment of disease according to a fixed general principle. The road of pure experimentation was soon abandoned by those physicians as too tedious and too little productive in brilliant results; their prejudices were likewise opposed to a systematic proving of drugs, and Hahnemann is therefore the first who has proclaimed and demonstrated the necessity of pure experimentation, who has furnished explicit and abundant rules for the proving of drugs, and who has furnished to the world the brilliant results of his own provings, which are the groundwork of homœopathy and a beacon-light and model for all homœopathic practitioners and pure experimenters.

However laborious and painful the road of pure experimentation may be, Hahnemann never dreaded the tortures and sacrifices which he encountered on that road, and, assisted by devoted disciples, he continued his provings and noted the symptoms which he obtained, with the utmost care. Provers of drugs ought to employ the greatest discretion and care in observing the drug-symptoms which they experience during the period of proving; and they ought moreover to observe a rigorous diet during all that time, lest the action of the drug should be impaired and the symptoms should become impure and untrustworthy. In proving, Hahnemann soon discovered that the drugs had a twofold effect, which he designates in his Organon by the terms of primary and secondary, and which had never been observed before by any physician. Without entering upon an explanation of that compound action, which may be found in the Organon and to which we therefore refer, we content ourselves with simply remarking, in this place, that the primary effect of the drug is sometimes seen in disease in the shape of a temporary exacerbation of the original symptoms.

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Such an exacerbation, however, is much less frequent than is supposed. Most of the pretended exacerbations which are recorded in our books have been noticed by beginners in homœopathy, who had too little knowledge of disease and the effects of the remedies to be able to distinguish a natural from a medicinal exacerbation of the symptoms; or Hahnemann himself was carried away by his own enthusiasm, and his disciples were either too timid or too ignorant to correct the errors of his judgment; or the exacerbation might have been owing to the excessive magnitude of the dose or the non-homœopathicity of the remedial agent. We know that exacerbations may exist, but they are less frequent now than they were in the beginning of homœopathy, when every aggravation of the symptoms was supposed to be owing to the excessive magnitude of the dose. This error has frequently proved injurious to the patient inasmuch as it induced the omission of many things which ought to have been done and which are done by the present practitioners of homœopathy whose knowledge of the course, chances, transitions, and the general characteristics of disease, is much better than that of their predecessors. It is still more difficult to account for the exacerbation which is said to be produced by the recently-introduced highest potencies.

The proving of drugs affords a twofold advantage. In the first place the proving physician sharpens his power of observation and accustoms himself to notice the minutest symptoms of disease, every one of which ought to be of sufficient importance to the physician to embody it in his record of the case; and, in the second place, by proving the drug upon himself, he acquires a true perception of its curative powers, which, in his person, manifest themselves unbiassed and unmixed with the heterogeneous influences of other medicinal agents. How different is the homœopathic materia medica from that of the old school, which is a mere assemblage of impure and uncertain effects of drugs as observed at the sick-bed, and not of one drug at a time, but every drug being administered in company with a

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variety of other drugs, and the whole being adorned with strange speculative views about the chemical, dynamic, clinical, mechanical and specific virtues of a drug. No sort of reliance can be placed upon such statements. If the materia medica of the old school is to be used with confidence, it must be constructed like our own, and, in that case, it will be merged in homœopathy; for the homœopathic law is confirmed in all cases where the pathogenetic effects of our drugs and the curative results which have been obtained by means of them, are compared with one another.

The investigation of the symptoms of a disease is the third fundamental rule in homœopathy. The importance of that investigation has been urged by Hahnemann with great force, because the proper selection of the remedial agent, and consequently the success of the treatment depend upon it. He recommends that the symptoms of the disease be noted with the same care and completeness as were the symptoms of the drug, and that the former be counterbalanced and effaced by the latter. This proposition has been attacked on all sides, and has been strangely misapprehended. It has been supposed, for instance, that Hahnemann neglected to take cognizance of the exciting cause, the *causa occasionalis* of the disease. The opponents of homœopathy have frequently charged that neglect upon our practice; but unjustly so, for every homœopathic practitioner knows, that, in many cases, the proper selection of the remedial agent depends exclusively upon a knowledge of that cause, inasmuch as the symptoms of two entirely different diseases may apparently be alike, and the difference can only be recognised by tracing the symptoms to the exciting cause. We will illustrate this by a few examples:

We know from experience that Arnica is most useful in diseases resulting from blows, contusions, wounds, strains, etc.—A man who has been drenched to the skin is frequently attacked with a variety of symptoms corresponding to those of Rhus tox., which

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it would be difficult to cure if the exciting cause were not known.—What physician would not give Cocculus against a febrile state characterized by flushed cheeks and nightly sleeplessness, if he knew that home-sickness was the exciting cause?—Fright occasions a great many symptoms for which we have specific remedies in our materia medica; Ignatia for grief, Aconite for a vexed and irritable mood, Opium for fear.—Ignatia is a sure specific for symptoms resulting from grief and chagrin; Chamomilla, on the contrary, is a specific for the consequences of chagrin, when accompanied with anger and vehemence.—It would be a long and difficult business to cure a derangement of the stomach, if the physician did not know the exciting cause; but it will be readily removed by a dose of Pulsatilla, if it had been occasioned by fat food, especially pork; by Arsenic, if it owes its existence to a cold in the stomach, to eating cold fruit, etc.—Physical and mental weakness resulting from blood-letting, hemorrhage, waking, night-sweats, onanism, venereal excesses, etc., finds a specific in China, provided the weakness is the principal suffering, and not a mere symptom of a more general and deeper-seated disease.—Diseases resulting from want of exercise, yield to Nux; but could they be cured as readily if the exciting cause were not known?—Dulcamara is the specific for diarrhœa, with or without colic, occasioned by cold, and sometimes accompanied with swelling of the glands.—A homœopathic physician who is acquainted with the pure effects of Chamomilla, Mercurius, Sulphur, China, Valeriana, Iodine, etc., will never prescribe those remedies without inquiring in the first place whether the symptoms have not been occasioned by the excessive use of those substances, in which case he would administer suitable antidotes.—Would it be easy to cure the sufferings resulting from the excessive use of ardent spirits, if the exciting cause were not known? It would not, if the physician were ignorant of the exciting cause, and of the pure effects of Nux vom., which correspond to the symptoms occasioned by spirituous drinks.

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These examples, which might be multiplied by many more, will suffice to show the importance of investigating the *causa occasionalis*, and will at the same time silence the accusation of our opponents, that the investigation of the *causa occasionalis* is neglected by practitioners of our school.

Homœopathic physicians know just as well as the physicians of the old school, that the visible symptoms of a disease are accompanied with changes in the internal organism, which are considered the essence of the disease by allopathic physicians. Homœopathic physicians, however, do not believe, that we can have a sufficiently clear perception of those changes to base upon them our principles of cure. Homœopathic practitioners are guided by the visible symptoms in selecting the appropriate remedial agent; without denying the existence of the first cause of the disease they observe with especial care the symptoms of the disease, and consider them sufficient indications of cure. Homœopathy accepts the symptoms which we are now able to obtain by means of auscultation and percussion, and which aid us in establishing a correct diagnosis; by means of auscultation and percussion, and even by the investigation of the pathological changes, we obtain a more accurate knowledge of the internal phenomena of the disease, and avail ourselves of that knowledge wherever we can improve and complete, by its means, the application of our therapeutic law. In order to apply this law to the pathological phenomena we shall have, in the first place, to ascertain what drugs will produce similar phenomena in the healthy organism. We need not to mind the reproach of curing merely by symptoms; years of experience have sufficiently shown that a disease is cured when its symptoms cease to exist.

The investigation of the symptoms of the disease requires to be made with the greatest care and correctness; not even the slightest symptom ought to be omitted. On taking such a record of the symptoms, every case of disease will necessarily appear as a distinct, individual case which has never occurred be-

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fore. This explains why Hahnemann denied the validity of all nosological classifications, as a means of cure, and admitted their use only for the purpose of collecting the symptoms under one general denomination. In the present work we have retained the pathological denominations, because we are persuaded that they facilitate the study of homœopathy to the beginner; we have indicated, however, with as much care as we were able, the specific remedies for the various groups of symptoms occurring in a disease; and we expect, therefore, that we be not blamed for having made this arrangement.

Hahnemann insisted upon every record being taken in writing, lest symptoms should be forgotten by the physician. An examination instituted by a homœopathic physician is much more minute than an examination instituted by an allopath; this one neglects to take cognizance of various exciting causes which require the administration of peculiar specifics in homœopathic practice.

"§ 83. This examination of a particular case of disease, (says Hahnemann,*) with the intent of presenting it in its formal state and individuality, only demands, on the part of the physician, an unprejudiced mind, sound understanding, attention and fidelity in observing and tracing the image of the disease. I will content myself, in the present instance, with merely explaining the general principles of the course that is to be pursued, leaving it to the physician to select those remedies which are applicable to each particular case.

"§ 84. The patient details his sufferings; the persons who are about him relate what he has complained of, how he has behaved himself, and all that they have remarked in him. The physician sees, hears, and observes, with his other senses, whatever there is changed or extraordinary in the patient. He writes all this down in the very words which the latter, and the persons around him, made use of. He permits

From the American edition of Hahnemann's Organon.

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them to continue speaking to the end without interruption,* except where they wander into useless digressions, taking care to exhort them, at the commencement, to speak slowly, that he may be enabled to follow them in taking down whatever he deems necessary.

"* Every interruption breaks the chain of ideas of the person who speaks, and things do not afterwards return to his memory in the same shape he would at first have described them.

"§ 85. At each new circumstance related by the patient or the persons present, the physician commences another line, in order that the symptoms may all be written down separately, and stand one beneath the other. By this mode of proceeding, he will be enabled to add to that which has, in the first instance, been related to him in a vague manner, any thing he may subsequently acquire from a more accurate knowledge of the case.

"§ 86. When the patient and those about him have finished all they had to say, the physician then asks for more precise information with regard to each individual symptom, and proceeds as follows:—He reads over all that has been communicated to him, and asks at each particular symptom, for example—At what epoch did this or that circumstance occur? Was it previous to the use of the medicines which the patient has taken till the present time, or while he was taking them, or only a few days after he had discontinued their use? What kind of pain, what particular sensation was it that was felt in such or such a part of the body? Which the precise spot that it occupied? Did the pain come on in separate attacks at intervals, or was it lasting and uninterrupted? How long did it continue? At what hour of the day or night, and in what part of the body, was it most violent, or where and when did it cease entirely? What was the precise nature of this or that particular circumstance or symptom?

"§ 87. Thus the physician causes all the indications which were given in the first instance to be described to him more closely, without ever appearing, by his

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manner of putting the question, to dictate the answer,* or place the patient in such a position that he shall have nothing to reply but yes or no to his question. To act otherwise would only lead the person interrogated to deny or affirm a thing that is false, or only half true, or even wholly different from that which has really occurred, according as it may suit his convenience, or for the purpose of gratifying the physician. An unfaithful description of the disease would then result, and, consequently, an inappropriate choice of the curative remedy.

"* For instance, the physician ought never to say—'Did not such or such a thing take place in this manner?' By giving this turn to his questions, he puts a false reply into the mouth of the patient, and draws from him a wrong indication.

"§ 88. If in this spontaneous narrative no mention is made of several parts or functions of the body, and of the state of mind of the patient, the physician may then ask if there is not something more to be said respecting this or that particular part or function, or relative to the disposition and state of mind,† taking care, at the same time, to confine himself to general terms, in order that the person who furnishes the explanation may, thereby, be constrained to answer categorically upon these various points.

"† For example—Has the patient had an evacuation from his bowels? How does he pass water—freely or otherwise? How does he rest by day and by night? What is the state of mind and temper of the patient? Is he thirsty? What kind of taste has he in the mouth? What kinds of food and drink are most agreeable to him, and which are those he dislikes? Do the different articles taste as usual, or have they another taste that is wholly different? How does he feel after meals? Have you any thing more to tell me relative to the head, belly, or limbs?

"§ 89. When the patient (for it is to him we are to refer, in preference, for every thing that relates to the sensations he experiences, except in diseases where concealment is observed) has thus personally given the necessary details to the physician, and furnished him with a tolerable image of the malady, the latter is then at liberty to question him more specifically if

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he finds he is not yet sufficiently informed on the subject.*

"For example—How often have the bowels been evacuated, and what was the nature of the discharges? Did the whitish discharges consist of mucus or fæces? Were they painful or otherwise? What was the precise nature of these pains, and in what part were they felt? What did the patient throw up? Is the bad taste in the mouth putrid, bitter or acid, or what kind of taste is it? Does he experience this taste before, during, or after eating or drinking? At what part of the day does he feel it in particular? What kind of taste was connected with the eructation? Is the urine turbid at first, or does it only become so after standing a while? Of what colour was it at the time of emission? What was the colour of the sediment? Is there any peculiarity in the state of the patient when he sleeps? Does he sigh, moan, speak, or cry out? Does he start in his sleep? Does he snore in inspiration or expiration? Does he lie on his back only, or on which side does he lay himself? Does he cover himself up close, or does he throw off the bed-covering? Does he easily awake, or does he sleep too soundly? How does he feel on waking? How often does this or that symptom occur, and on what occasion? Is it when the patient is sitting up, lying down, standing up, or when he is moving about? Does it come on merely when he has been fasting, or at least early in the morning, or simply in the evening, or only after meals, or if at other times, when? When did the shivering come on? Was it merely a sensation of cold, or was he actually cold at the time? In what part of the body did the patient feel cold? Was his skin warm when he complained of being cold? Did he experience a sensation of cold without shivering? Did he feel heat, without the face being flushed? What parts of his body were warm to the touch? Did the patient complain of heat without his skin being warm? How long did the sensation of cold, or that of heat, continue? When did the thirst come on? During the cold or heat? Or was it before or after? How intense was the thirst? What did the patient ask for to drink? When did the perspiration come on? Was it at the commencement or at the expiration of the heat? What space of time elapsed between the heat and the perspiration? Was it when sleeping or waking that it manifested itself? Was it strong or otherwise? Was the perspiration hot or cold? In what parts of the body did it break out? How did it smell? What did the patient complain of before or during the cold, during or after the heat, during or after the perspiration, &c.?

"§ 90. All the answers being committed to writing, the physician then notes down what he himself observes in the patient,† and endeavours to ascertain if that which he observes existed or not when the latter was in health.

* Nothing is more unpleasant for a physician, than an incomplete or even incorrect image of the disease. If he have an incorrect impression of the disease in the beginning of the treatment, he will find it difficult to correct that impression while the treatment is going on. He will never be able to select the proper remedy for the disease, and his treatment will necessarily fail.—HARTMANN.

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"† For example—How he behaved during the time of the visit. Was he, irritable, peevish, quarrelsome, hasty, grieved, anxious, despairing, sad calm, or resigned? Did he appear overcome with sleep, or lost in reverie? Was he hoarse? Did he speak low? Was his discourse incoherent, or how was it? Of what colour was the countenance, the eyes, and the skin, generally? What degree of vivacity was there visible in the face and eyes? How was the tongue, the respiration, the smell from the mouth, or the hearing? Were the pupils of the eyes dilated or contracted? Did they contract and dilate quickly in light and darkness, and in what degree? What was the state of the pulse? * What was the condition of the abdomen? Was the skin moist and warm, cold or dry, upon this or that part of the body, or was it so all over? Did the patient lie with his head thrown back, with his mouth wholly or half open, with his arms crossed above his head; was he on his back, or in what position was he? Did he raise himself with difficulty? In short the physician is to keep notes of every thing he has observed that is strange and remarkable."

After having taken down an exact record of the symptoms of a case, it is essential to investigate the *causa occasionalis*, be it a permanently existing, material or an immaterial, dynamic cause, having ceased to be present. We further require to consider the business of the patient (whether the disease be occasioned by it), his moral disposition, mode of life. We ought to inquire whether the patient is moderate in eating and drinking, in his amusements, or whether he has imposed upon himself hurtful privations? whether he has injured himself by venereal excesses? We have further to ascertain whether disappointed love, jealousy, domestic quarrels, chagrin, grief, abusive treatment, suppressed vengeance, humbled pride, loss of property, etc., have been instrumental in occasioning the disease?

A correct knowledge of the hereditary disposition, age and temperament of the patient is likewise of great importance. If the patient be a female, the physician has to inquire into the condition of the menses, whether the menstrual period is too long or too short, how many days the menses flow, whether they flow uninterruptedly or at intervals, whether they are copious or scanty, of what colour, whether they

* The physician examines the pulse, the condition of the heart, whether it beats normally or abnormally, the chest, the abdomen, and does not neglect any of the manipulations or instruments by means of which the internal phenomena of the disease are more or less correctly ascertained.—HARTMANN.

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are accompanied, preceded or succeeded by leucorrhœa? Whether they are accompanied with moral or physical sufferings, and what are the peculiar pains and sensations which manifest themselves before, during, or after the appearance of the menses? What is the appearance of the leucorrhœal discharge, with what sensations it is accompanied, whether it is abundant or scanty, and under what circumstances or by what causes it is especially excited? Whether the patient is sterile, or whether she has been pregnant and how often? Whether she has miscarried? What was the condition of her breasts, milk, etc.? What is the strength of her sexual desire? In diseases of the sexual organs the physician ought always to institute an examination of the parts both internal and external.

Inquiry ought to be made about the diseases with which the patient may have been afflicted previously, both in acute and chronic diseases, especially, however, in the latter, with a view of ascertaining whether preceding diseases have led to the present malady, or to what an extent they complicate it. An inquiry into the previous diseases of the patient sometimes leads us to a correct knowledge of the disease in chronic cases, and even helps us in selecting the remedies which we ought to use in the treatment of those cases. Although we do not admit that seven-eighths of all chronic diseases owe their existence to the psoric miasm, yet it is undoubtedly true that the suppression of a previous cutaneous eruption, scabies, herpes, tinea, scrophulosis, etc. induces a vast number of chronic diseases which make their appearance shortly after the eruption had been suppressed, the assertions of many great doctors to the contrary notwithstanding, who pretend that the itch is a mere external disease which is caused by the acarus and can be cured by simply destroying that insect by any, even mechanical means. The homœopathic physician cannot accept such theories, although he may, on the other hand, feel justified in believing that Hahnemann goes too far in considering the psoric miasm as a morbific

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principle which is coeval with mankind and has affected more or less every organism. One thing is certain, the influence which previous diseases may have upon the present one, has to be carefully investigated.

If, in examining a patient, the physician should discover symptoms pointing to the use of a certain drug which is frequently employed in domestic and allopathic practice, it is the physician's duty to inquire whether large doses of that drug have not already been taken. Such drugs are: Valerian, Chamomile, Mercurius, and mercurial preparations used either internally or externally, Iodine and Iodine ointment, Sulphur, Opium, China and Quinine, Digitalis, Prussic acid, Cathartics, etc.

If any, especially an acute disease should prevail, its character or genius requires to be noticed with care, inasmuch as it will influence more or less the character of the disease which we are called upon to treat and may be a clue to the practitioner for the selection of the adequate remedial agent.

To institute in every, even trivial case, such a rigorous examination as has been here described, would involve a useless loss of time and would be very fatiguing to the patient. Our intention has simply been to state what sort of an examination should be made in a complicated case, leaving it to the intelligent and conscientious physician to condense the examination as much as a judicious appreciation of the case by means of his physiological, pathological and therapeutic knowledge will permit. A carefully instituted examination is the touchstone of a true artist in homœopathic practice.

This is perhaps the best place to say a few words about the

CLASSIFICATION OF DISEASES.

A classification of diseases has not so much value in reference to therapeutics as to the investigation of the character of the disease.

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We may divide diseases in reference to the individuality of the patients into

(a.) *Diseases belonging to peculiar ages* (morbi ætatum), which may be either acute or chronic. Owing to the extreme irritability of the childish organism, it is peculiarly liable to spasmodic sufferings; the reproductive system being principally active in the child, it must be subject to diseases which are principally seated in the lymphatics; the disturbances which occur in the reproductive system, maintained and increased by the want of irritability and by the inactivity of the lymphatics, are characterized by congestion to the brain in the form of epistaxis, meningitis, hydrocephalus, typhoid symptoms of various kinds, scrophulosis, helminthiasis, etc. In a more advanced age, when the vitality of the thoracic organs is developed in a superior degree, congestion of the lungs is a prevalent condition, inducing a corresponding predisposition to pulmonary diseases; in this age the sexual organs develope themselves and the passions connected with that development begin to be felt, and, if satisfied to excess, lead to various diseases peculiar to this second period of life. The smallest number of diseases occurs in the period when the human organism is fully and harmoniously developed. As man advances in age, the abdominal organs are principally affected, hence atony of the intestinal canal, hypochondria, hæmorrhoids, gout, etc. are the principal diseases of that period. Old age, when all the moral and physical energies of man are on the decline, is especially predisposed to paralysis of every kind, deafness, blindness, apoplexy, asthma, paralysis of the lungs, affections of the bladder, etc. Diseases affecting the organism during a transition period (which may be said to occur every seventh year,) are of a higher importance on account of the development which the organs undergo during that period.

(b.) *Diseases belonging to the different sexes* (morbi sexus). The difference which prevails in the character and degree of the irritability, sensibility and reproduction of the female and the male organism and

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in the physical as well as psychical tendencies of the two sexes, makes each of them liable to peculiar diseases. Suffice it to mention the various nervous diseases to which women are subject; the diseases depending upon the peculiar sensitiveness and irritability of the female temperament; the various diseases affecting the reproductive system of the female organism, such as tuberculosis, carcinoma, scirrhus, etc.

(c.) *Diseases belonging to particular classes and trades.* Rich people, who are accustomed to rich and luxurious living and spend their life in idleness and ennui, are liable to derangements of the abdominal organs and consecutive diseases, such as gout etc., whereas the poor are affected with diseases resulting from an impoverished reproduction. Tanners are subject to dropsies; type-founders, miners, potters to tabes metallica; tailors and workers in wool to scabies; compositors and printers to œdema of the feet and varicose conditions; chimney-sweeps to gangrene of the genital organs; stone-cutters, hair-dressers, millers to pulmonary phthisis; washerwomen to dropsy; literary men who lead a sedentary life, to diseases of the abdominal organs; mariners and fishermen to scurvy, anasarca, etc.

What has been said in the preceding paragraphs, is sufficient to show all the essential points which the physician ought to be informed about in order to obtain a correct knowledge of the origin and course of the disease, and even the internal changes which characterize it; that knowledge being indispensable to a sure and successful treatment.

Diseases may also be classed according to the region over which they spread. We have

(a.) *Sporadic* (morbi sporadici), or diseases which depend upon meteoric or telluric miasmata and affect only single individuals who happen to be predisposed for such diseases at the time when they are prevalent;

(b.) *Endemic* (morbi endemici). These diseases are confined to a definite and often very limited region; they are distinguished from the former by being de-

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pendent upon the situation of a place and its surrounding region, upon the climate, the condition of the atmosphere, winds, soil and water, upon the mode of life of the inhabitants, food, social life. Every place may therefore have diseases which are peculiar to it; it is a remarkable fact that apparently identical diseases which prevail in places not very distant from one another, require the application of different remedies in the different places.

(c.) *Epidemic* (morbi epidemici). These diseases are closely related to the former, with this difference, that they prevail at periods in a greater or lesser extent of country, and affect all ages and sexes indiscriminately; they depend upon a cause of atmospheric or cosmic origin, generally upon a miasm which becomes contagious among crowded masses and then spreads so much more rapidly and over a larger surface.

(d.) *Morbi annui*. These are diseases which prevail at particular periods of the year, in the spring, summer, fall or winter. In the winter inflammatory diseases are prevalent, whereas the prevalent diseases in spring are rather of a catarrhal nature. The fall diseases are characterized by gastric-pituitous symptoms, and those of the summer-season have moreover a typhoid character. This class of diseases is evidently affected by sudden changes in the weather.

(e.) *Morbi stationarii*. It is of great importance to a physician to know what peculiar character a disease is disposed to assume in a place. This topical influence modifies the character of the above-mentioned diseases more or less. It prevails during a shorter or longer number of years, abates gradually, finally disappears entirely and returns after an indefinite period.

(f.) *Morbi intercurrentes*. These are diseases which depend upon causes entirely different from those that occasion the prevailing disease; but they frequently ingraft their character upon the latter, and, by so doing, are apt to transform a naturally mild disease into a dangerous and malignant one.

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To this classification of diseases we shall add a few indications which are of great use in examining a patient. In investigating the symptoms of an epidemic or sporadic disease, it makes no sort of difference whether a similar disease has existed previously. The previous disease has no sort of influence upon the present epidemic, which requires to be thoroughly investigated as an entirely new, unknown disease of a peculiar kind. Hahnemann teaches that even measles, smallpox, scarlatina, rubeola, etc. are not exempt from that rule; these diseases depend, it is true, upon the same miasm, but the form of the eruption only remains the same. In all those diseases there is an essential difference as regards the systems which are principally affected, the concomitant symptoms, the prognosis, and the course and termination of the disease.

The physician frequently requires to investigate two or three cases of an epidemic disease before he succeeds in obtaining a correct idea of the totality of the characteristic symptoms which scarcely ever exist together in one case; but even an incomplete knowledge of those symptoms will enable him to administer a remedy with more certainty than an allopathic physician could do. However, although he may feel sure that he has given a remedy which corresponds as nearly as possible to the symptoms so far as he knows them, yet he ought to make it his duty to observe every new case with the same unremitting attention, in order to finally complete his group of the characteristic symptoms of the disease and to be sure that he has selected the true specific remedy.

In thus observing an epidemic disease, the general symptoms, such as loss of appetite, want of sleep, eructations, etc., will be specially and correctly noticed, and the characteristic particular symptoms of the epidemic disease will be found to constitute a limited and rarely-occurring group. These symptoms all originate in the same cause, but their totality can only be known by observing several patients of different constitutions and temperaments.*

* See Organon, § 100–102.

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Stationary diseases likewise require a correct and thorough investigation of all the symptoms which can only be known by observing a number of patients and we will often find that the whole group of symptoms indicates a different remedy from what we might have selected after a merely superficial investigation of the disease. This scrupulous investigation is of essential benefit in intercurrent diseases, where the characteristic symptoms frequently point to the same remedy which corresponds to the symptoms of the stationary diseases in that region.

According to their origin, diseases may be divided into

(a.) *Hereditary* (morbi hereditarii). These are diseases which have existed in a family for generations past. We have an hereditary scrofulous, hæmorrhoidal, phthisical, apoplectic, etc. disposition, which developes itself in spite of the utmost care in removing all hurtful influences, and frequently leads to the dissolution of the organism, baffling the best directed efforts of the physician.

If the physician should have reasons to suspect the existence of an hereditary disposition, he ought to inquire whether any of the ancestors, parents, brothers, sisters have been affected with a similar disease, or have died with it. If this should be so, he will be much better able to express a correct opinion in regard to the prognosis and to the chances of a cure.

(b.) *Morbi congeniti.* These diseases generally depend upon malformations with which the individual was born.

(c.) *Morbi acquisiti.* These are diseases for which the patient had no particular predisposition, but which he brought upon himself by exposing himself for a length of time to hurtful influences, for example: taking hurtful beverages and nourishment, indulging excesses of various kinds which gradually undermine health, being constantly deprived of the necessary means of subsistence, living in unwholesome, marshy regions, or in cellars and close apartments, being deprived of exercise or open air, indulging excessive

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physical or mental exertions, being continually agitated by unpleasant moral emotions, etc.

No psoric miasm is required to develope such diseases. According to Hahnemann such diseases disappear of themselves if they have not excited a chronic miasm.

(d.) *Primary diseases* (morbi primarii, protopathici). These are diseases which result immediately from noxious influences, whereas the *secondary, consecutive diseases* (morbi secundarii, deuteropathici,) arise from a malady which is already existing. This class of diseases requires no special definition, as their name indicates their character.

(e.) *Contagious and miasmatic*, and *non-contagious* and *non-miasmatic* diseases. A contagium, whether it be originally formed in man or in any other kind of organic body, in animals or plants, is a material substance, the original and exclusive product of a morbid condition of the organism and possessing the power of infecting other individuals of the same kind with an identical or at least very similar disease and of spreading in this way to remote regions. A contagium being dependent upon meteoric and telluric influences, it is most easily developed in times of war, famine and inundation, producing hospital, dungeon and yellow fever, typhus, etc.

A *miasm*, on the contrary, is a volatile deleterious substance, the chemical composition of which is unknown, which spreads through the atmosphere and incorporates itself with it with more or less tenacity. A miasm frequently arises from decayed organized bodies and from the exhalations of sick persons. People who are forced to live in such a deleterious atmosphere, are necessarily exposed to its influence. Considering the multitude of vitiated exhalations which are concentrated in many places where people have to live, it cannot appear strange that the number of miasmatic diseases should be very considerable. Miasm and contagium frequently go hand in hand, one producing the other, as is the case in smallpox.

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The division of diseases into *local* and *constitutional* is without any practical value. Every physician knows that the so-called local diseases are much more speedily removed by internal remedies than by external applications; we need but remind the reader of syphilis, sycosis, plica polonica, etc. The fearful diseases which frequently break out after the pretended local affection had been suppressed by external means, show that this apparently local symptom was a sort of vicarious concentration of the internal constitutional disease which was held in a latent state as long as the local symptom continued upon the skin. How is it possible that a simple ulcer on the finger should not only remain uncured under the merely external surgical treatment, but that it should even assume the dangerous form of a phagedenic ulcer, if it were not the local vicarious expression for an internal dyscrasia. It is self-evident that an apparently local affection which does not owe its existence to an external cause, must depend upon a coexisting disturbance of various organs and tissues; the local affection, even if it had been produced by a merely local external cause, cannot exist for any length of time without affecting the whole organism, as we see in the case of a burn, a toothache proceeding from a carious tooth, etc.

The division of diseases into *acute* and *chronic* is of particular importance to us, for this reason, that we have made that division the basis of the arrangement which we have adopted in the present work. To each of those divisions we have devoted a special volume.

Acute diseases are sudden disturbances of the vital force, characterized by the greater rapidity with which they run through their course and by the powerful reaction which takes place in the vascular system. In treating such diseases, it is a matter of course that wherever we know the cause from which they arise we ought to remove it if we can.

Chronic maladies frequently arise from a disturbance of the vital force, which is seated in the vegeta-

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tive system. A concealed dyscrasia affecting that system is frequently the cause of the obstinacy with which those diseases cling to the organism. According to Hahnemann, chronic diseases invade the organism, each in its own peculiar manner, the invasion being scarcely or not at all perceived in the commencement and gradually overpowering the vital force, so that it is only able to offer an inadequate resistance, allowing the malady to increase, until it finally destroys the organism. Starting from the definitions which we have given of acute and chronic diseases, it will be found easy to draw a line of separation between them, especially if we admit Hahnemann's theory that all chronic diseases derive their existence from some miasm; a theory, which seems to be somewhat inconsistent with Hahnemann's previous condemnation and rejection of all theories and speculations about the essence of disease and the relation existing between it and the changes in the body. We have already stated above that a number of diseases may exist without depending upon a psoric miasm, and Hahnemann seems to have had a similar idea inasmuch as he designates them spurious or improper chronic diseases. He accepted three fundamental forms of chronic diseases: *psora*, *syphilis* and *sycosis;* from these three fundamental chronic miasms all chronic diseases derive their origin, seven-eighths from the former, and the remaining eighth from the two latter. It is neither our intention, nor is this the proper place to criticize Hahnemann's views; we may however remark that the merely palliative effect which he frequently obtained from his remedies in chronic diseases, led him to the belief that these diseases depended upon some latent chronic miasm; and it was indeed ascertained that many of them had been preceded by itch. Hahnemann was persuaded that the suppressed itch was the primary cause of those diseases. Observing that several of them had been cured by the use of mineral springs, his acute powers of penetration led him to suppose that the cure had been wrought by the medicinal substances which

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exist in those springs in minute and greatly divided quantities. He was confirmed in this view by farther observations and the successive results of his practice, and he therefore designated the medicines by means of which the cure of chronic diseases was effected, as *antipsorics*—that is, medicines directed against a chronic malady. It is now well known, however, that those antipsorics not only cure chronic, but also a host of acute diseases, and that they are employed for that purpose by all homœopathic practitioners. Hahnemann be praised for having made us acquainted with such efficient means to relieve the sufferings of our fellow-beings.

It is an undoubted fact that the inveterate character of chronic diseases frequently depends upon some latent dyscrasia which has become rooted in the organism, and that those conditions have been removed by certain remedies which exercise a specific effect upon the organs invaded by a psoric miasm. It is for this reason that the general therapeutic rules remain the same for chronic as well as any other diseases. If such chronic diseases have already been treated with a variety of allopathic medicinal substances, it is advisable that the homœopathic practitioner should let some time elapse before he gives any medicine to the patient, that the organism may free itself as much as possible from the various influences which those drugs have left and may become more susceptible to the action of our small doses.

According to Hahnemann, *diseases of the mind* likewise originate. These diseases do not constitute as distinct a class of diseases as those which have been indicated above. In almost every disease of the body the mind is affected more or less, on which account the state of the mind is to be regarded as an important feature in the image of the disease. We know from experience that the condition of the mind in health is frequently the contrary of what it was in disease. If a certain group of symptoms indicate two different remedies, the state of the mind is frequently the only symptom by which we can decide which of those reme-

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dies ought to be selected; Aconite, for instance, will never effect a rapid cure in a person with a calm, even temperament; Nux will be found very little adapted to a mild and phlegmatic, or Pulsatilla to a cheerful, bright and obstinate temper; Ignatia is counter-indicated by an unchangeable mind which is neither given to fright nor vehemence.

In all chronic diseases it is not only of the utmost importance to investigate all the physical symptoms, but the moral and mental condition of the patient would seem to require our especial attention.* The physician will have not only to inquire into all the previous bodily diseases of the patient, but he will have to make particular inquiries about the disease which preceded the mental disorder previous to its increasing to a complete derangement. This information can, of course, only be obtained from the family. If the mental derangement (mania, rage) set in of a sudden, in consequence of fright, chagrin, abuse of spirituous drinks, then Hahnemann teaches that it is to be treated as an acute disease with Aconite, Belladonna, Stramonium, Hyosciamus, Veratrum, Mercurius, etc., and that the antipsoric treatment, with a properly regulated diet, ought to be instituted only after the acute symptoms have been subdued; the antipsoric treatment is necessary to prevent a new outbreak of the disease which might easily become a permanent derangement.

Diseases of the mind which are not yet fully developed and do not arise from bodily affections but from bad habits, faulty education, immoral conduct, neglect, superstition or ignorance, may be improved by kind persuasion, consolations, romonstrance, reasoning; whereas those mental diseases which arise from bodily diseases, are made worse by such means, and become more inveterate. A physician ought never to lose patience or self-control, he ought never to indulge angry expressions or manners, lest he should lose the confidence and the affection of his patients, which are indispensable means of cure.

* See Organon, § 217 seq.

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There is another class of mental diseases which we observe in men who have been frequently a prey to grief, chagrin, insults, attacks of fear and fright. Those diseases emanate primarily from the mind, and the bodily affection is a mere result of the mental disturbance. If these diseases be recent, they are most easily removed by spiritual means, such as: kind persuasion, reasoning, confiding manners, sometimes by a clever deception; the mode of life ought not to be neglected, of course. Such means are frequently sufficient to restore the normal state of the mind.

In all cases of mental derangement which can be cured by homœopathic remedies it is essential not only to observe a rigorous diet, but to submit the patient to a proper treatment on the part of his relatives and physician. The raving maniac ought to meet a firm will and a bold and fearless expression of countenance; the lamenting and disconsolate ought to be surrounded with silent and sympathizing grief; senseless prattle ought to be met by silence expressing a slight degree of attention; disgusting and revolting conduct are to be left unheeded. The patients ought to be prevented from injuring or ruining the things around them, without rebuking, or, what would be still worse, punishing or torturing them. The only compulsion to which the patient is liable, is to take the homœopathic medicine, but even that kind of compulsion can be avoided by mixing the medicine in the beverage of the patient without his knowing it.

It is a great mistake on the part of the physician or the attendants of the patients to contradict, censure, or scold them, or to treat them with yielding timidity; it would be just as indiscreet to irritate them by derision, and ill-disguised deception. On the contrary, those patients ought always to be treated like sane persons, and everything by which their senses or minds might be disturbed, ought to be carefully removed from their presence.

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GENERAL THERAPEUTIC RULES.

We have shown above that the first essential requisite of a cure is, a thorough investigation of all the perceptible symptoms of a disease. This investigation is so much more necessary as, according to Hahnemann, the symptoms which reflect the internal disease in a visible and tangible form are the only part of the disease which we can perceive with our senses and therefore know. If the symptoms are removed the disease no longer exists. We do not entirely admit this proposition as may be inferred from our mode of examining the patient; but as our object is not to remark upon Hahnemann's theories, we have contented ourselves with showing the mode of arriving at a correct diagnosis and at a knowledge of the specific means by which the disease will be most permanently and thoroughly cured.

We doubt, however, whether such a cure is possible in every case. How often is our treatment baffled by disorganizations which have lasted a sufficient length of time to produce functional disorders and an excessive irritation of the sensitive sphere; we may mention headache depending upon an exostosis of the cranium; epilepsy, occasioned by tubercles in the brain; dropsy, by organic degenerations; organic difficulties about the heart; cardialgia, and chronic vomiting, depending upon tubercles, cysts in the œsophagus, or carcinoma of the pyloric orifice; metrorrhagia, occasioned by carcinoma; hæmoptysis, from disorganization of the lungs, etc.: all such affections are incurable under any treatment. Under this head belong exhaustion of the vital energies by marasmus, profuse evacuations, excessive exertions; diseases which set in with a sudden and overpowering violence, such as: hospital-typhus, pest, violent cases of poisoning; and we may lastly class under this category the unavoidable and permanent presence of hurtful influences, such as: grief from disappointed love, cares, chagrin, remorse, living in a climate which is injurious to the patient, etc.

We have already spoken of the necessity of inves-

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tigating and, if possible, removing the exciting cause of the disease, and we here allude to it again in order to impress that necessity upon the minds of our readers as emphatically as possible. Even when the exciting cause is no longer present and the disease goes on in its course, we ought to select our remedies with reference to it. To the examples which we have furnished above and which were principally intended to illustrate the fact that the remedial agent ought to be selected with a particular reference to the exciting cause, we subjoin a few more with a view of showing the necessity of submitting the patient to a particular diet, avoiding all those things which, although the patient may have been in the constant habit of using them, might injure the good effects of the specific remedy. If the physician is at the same time the friend of his patient—which he ought to be, inasmuch as the physician is initiated into all the secret cares and difficulties of his patient,—he may frequently do more good by a kind word, a consolation, or a friendly mediation, than by medicine ; at any rate, the medicine which is administered by the hand of a friend, will do more good than a superficial, formal consultation. In some cases the cure may be facilitated by transferring the patient to a more wholesome abode, by changing the bed-chamber, taking off the corset or any other hurtful piece of dress, etc. The physician ought likewise to insist upon his patient correcting all bad habits, such as sitting crooked, eating too fast, swallowing food which is too hot, eating hot and cold things in rapid succession, excessive use of tobacco and snuff, indiscreet bathing, washing the head and eyes with cold water immediately after rising, sitting in a current of air, etc.

All injurious external influences have to be removed or neutralized before the real treatment of the disease can begin ; and this treatment is to be based upon the principle " similia similibus," which is the only true law of healing and has now been confirmed by the experience of a vast number of the most acute and intelligent practitioners.

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The *specific treatment* as we understand it in our school, consists *in selecting a remedial agent the pathogenetic effects of which upon the healthy organism are similar to the symptoms of the natural disease.* This is the homœopathic law of cure, a law which is founded in nature and is the only true guide for the administration of such remedies as will secure a successful reaction of the organism. If we conceive the law "similia similibus" in its true scientific extent, we will at once be led to admit the necessity of not restricting the application of that law to the mere external symptoms; for there are diseases where those symptoms are wanting or so feeble that we are scarcely able to distinguish them, as may be the case when organs that are but poorly provided with nerves and are therefore not very sensitive, are the seat of the disease; or the symptoms of the original malady may be so deceptive that the concomitant sympathetic symptoms may be much more distinct than the former; or the symptoms of the principal disease may be obscured by accidental violent complications. This shows that a mere comparison of the symptoms is not always sufficient to obtain a correct diagnosis and that it frequently requires a good deal of combination and reflection to attain a true and complete image of the disease with all its external and probable internal phenomena.

The selection of our remedial agents in accordance with the symptoms of the disease, is the great difference which exists between the old and new school. The greater the similarity of the symptoms; the more exactly the remedy corresponds to all the peculiarities of the disease; to the period when it makes its appearance; to the exacerbations and changes occurring in the course of the disease; to the mode how and the period when it disappears; to moral emotions, etc.: the safer, and the more certain and permanent is the cure. In comparing the symptoms of the malady with those of the remedial agent, the general symptoms are of not so much importance as the particular characteristic symptoms, for instance, whether the symptoms are aggravated or excited by motion; whether they are excited

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or gradually increased by rest, and whether they disappear again by motion; whether the symptoms are most violent in the morning, at noon, in the evening, night, etc.; whether they are modified by the cool open air or by warmth; whether a slight, apparently trivial occurrence, such as nausea, vomiting, a slight attack of rheumatism, etc., induces great prostration of strength, obliging one to lie down (we remind the reader of Ars., Verat., Ipec., Sec.), etc. It is of the utmost importance for the selection of the true remedial agent that all those points should be carefully considered. We are frequently led to a knowledge of the specific agent by considering the relation which it holds to the peculiar moral or physical disposition, the temperament or sex of the patient, (Nux vom., Ignat., Puls., Sep., Phosph., etc.)

The prophylactic treatment is another species of treatment which the homœopathic physician is frequently called upon to employ.

The prophylactic treatment is generally employed in cases where diseases can be prevented by specific remedies, for instance scarlatina and hydrophobia by a few small dozes of Belladonna at suitable intervals; purpura miliaria by Aconite; varicella and measles by Pulsatilla; the consequences of chagrin by Chamomilla (or rather by Colocynth, which is in many cases sufficient to remove the most violent symptoms occasioned by chagrin); the morbid phenomena resulting from fright by Aconite, etc.

These few examples sufficiently show that the homœopathic method of cure is a better prophylactic method than the method of the old school. We inquire with much more minuteness into the natural susceptibility of a patient to this or that disease; our knowledge of the curative virtues of drugs is not derived from unfounded theories, but it is based upon pure experience and careful observation; such things as spring or milk-cures can never occur in homœopathic practice.

The homœopathic physician acknowledges also a sort of prophylactic hygiene which it is the business of

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the government to protect. Under this category belongs Hahnemann's remark in the preface to Ledum palustre,* that this powerful substance is frequently mixed with beer by interested and unprincipled brewers for the purpose of imparting intoxicating qualities to that beverage, thus making it very injurious to health.

However strange it may appear to speak of palliative treatment in connection with homœopathy, yet that treatment is employed under certain circumstances even by those who have practised homœopathy for years past. A physician must be very unfeeling if he would refuse to palliate the troublesome or dangerous symptoms in cases where they are owing to the presence of an exciting cause, or when the case is hopeless and the curative treatment is of no avail. Every good physician will endeavour to palliate his patient's sufferings until his death, in all cases where a cure is out of the question. This rule of conduct, which is deeply written in the human heart, is not only true in incurable but also in very painful diseases. This maxim prevails alike in the homœopathic as well as the allopathic practice, with this difference, that in the latter practice palliatives are frequently resorted to for the purpose of subduing a single symptom, even if the totality of the symptoms should indicate a totally different remedy, (we merely mention the abuse which is made of opium, the sudden suppression of salutary evacuations, the pellentia and exsiccantia in chronic local affections, etc.)

In treating a case, the homœopathic physician employs remedies which not only correspond to the troublesome symptom, but to the whole group. In palliating acute pain or incurable affections, the homœopathic physician ought constantly to act in accordance with that rule. He will accomplish that palliation by frequently repeating the suitable remedies, for instance: Belladonna, Chamom., Ignat., Ipec., etc., in violent spasmodic diseases; Carbo anim., Staphys., Thuja, Secale corn., Puls., Bell., etc., in cancer of the

* See Hahnemann's Materia Medica Pura, by Charles J. Hempel, M.D.

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womb. There are many more examples, all of which show that the principle "similia similibus," if employed as the rule in the palliative treatment, accomplishes the object of that treatment much better than the empirical practice of the old school. We invite our opponents to try our law of cure as a palliative means in organic malformations, and to compare the results thus obtained with the results obtained by their ordinary means.

There is another kind of palliative means of which we avail ourselves in our practice and which have not, it is true, any homœopathic relation to the disease, but by no means interfere with the homœopathic treatment. Who does not know that the troublesome dry cough in tuberculous phthisis is moderated by inhaling the vapour of warm water, or that spasms of the respiratory organs may be soothed by warm fomentations of the chest? Who is unacquainted with the beneficent influence of animal magnetism in asthmatic complaints and spasms? Who does not use warm poultices of milk and oatmeal, bran, or linseed, to soften hard and painful abscesses, or to cover large ulcerated surfaces which are very painful and deprive the patient of his strength? Who does not cover open abscesses with bands of linen slightly covered with an ointment of althea? Do we not apply carrot and potato poultices to painful cancerous ulcers and to bedsores which threaten to become gangrenous? Do we not bathe inflamed portions of the periosteum during a long confinement in bed with washes of lemon-juice and dilute tincture of Arnica? Who does not give anxious patients, if they should wish to be relieved of an obstinate obstruction of the bowels, an injection of tepid water, or milk and water, milk and molasses, soap-water and linseed-oil, or mere cold water? Do we not know that in typhus fever great relief may be afforded to the patient by washing certain parts of the body with warm vinegar? Have we forgotten the relief which may be obtained by rubbing with a piece of flannel limbs that are affected with rheumatism; is not the pain in acute rheumatism and ascites relieved

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by friction with warm oil? Are not warm baths excellent palliatives in many cases? Should it be contrary to our art to apply in many cases of incipient or perfectly developed encephalitis cold water, snow or ice to the head, knowing as we do that those applications have a soothing and even curative effect in the headache occurring in that disease and arising from violent congestion of blood? Are not gargles of milk and althea-root boiled together, frequently useful in angina faucium? Is not the pain in violent inflammation or suppuration of the internal ear relieved by the vapours of warm milk? Is not the painful otalgia of children relieved by twisting a sulphur thread around the external ear? Are not habitually cold feet relieved by bathing them in cold water? Is not the agony in croup mitigated by applying a sponge dipped in warm water to the larynx? *

The *derivative method* is a particular branch of the palliative system, and may be advantageously resorted to in many dangerous affections. We may mention the warm oatmeal poultices, the hand and foot baths with or without salt or ashes, in congestion of the superior organs and in delirium; dry cupping at the pit of the stomach, in oppression of the chest, anguish and restlessness with an unequal and spasmodic pulse previous to an acute eruption breaking out upon the skin; the warm hand-baths in excessive secretion of milk; the application of warm vapours to the breasts of the lying-in woman in suppression of the milk; the pitch-plasters between the shoulders, which were even recommended by Hahnemann in chronic diseases arising from a suppressed eruption; the recommendation of Hahnemann to wash the external opposite side of the affected organ with the medicine which is homœopathic to the symptoms. —What dangerous symptoms frequently arise from suppressed sweat of the feet? Is it not proper that

* To these palliative means we may add a current from the magneto-electric machine, which frequently relieves in a moment's time the most excruciating pain in acute rheumatism, and other kinds of inflammation.
HEMPEL.

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the physician should endeavour to restore the sweat by wrapping the feet in cotton, wool, or wax-linen, or inserting them in warm sand? There is no doubt that an illness depending upon a suddenly suppressed cutaneous eruption, whether the suppression be spontaneous or the result of indiscreet treatment, will be most speedily cured by him who first succeeds in restoring a similar eruption upon the skin. Who is not acquainted with the brilliant effects of cold fomentations and the internal use of Arnica in injuries of every kind, especially those of the head?—Is not the treatment which we resort to in cases of swoons, apparent death, suffocation, hanging, freezing, burns, etc., of the palliative kind?*

We may here mention another method of treatment which is subordinate to the homœopathic, and is based upon a knowledge of drugs obtained *ex usu in morbis.* Thus we use Antimonial wine, in drops, against accumulation of mucus in the chest, in the case of little children; Oleum jecoris aselli against scrofulous complaints and tubercles; Mercurius in syphilis; the biniodide of Mercury in old syphilitic ulcers, and syphilitic diseases generally; Quinine in various intermittent diseases; Sulphur in scabies and hæmorrhoidal affections; Iodine in mercurial herpetic eruptions and tubercles; Lichen Islandicus in pulmonary phthisis; Secale cornutum to facilitate labour-pains; the tincture of Cinnamon in metrorrhagia, etc.

We have similar specifics in the homœopathic practice; but we have no right to reject remedies, the specific curative effects of which we only know ex usu in morbis; the use of such remedies is justified by the fact of their being specifically adapted to certain forms of disease. Not every diarrhœa from cold is relieved by Dulcamara, nor are all catarrhal diseases. Belladonna is said to be a valuable remedy against hydrophobia; but would a homœopathic physician be willing to use it in practice without first examining its curative virtues? Colocynthis is known to be an excellent

* Organon of the Specific Healing Art, by Dr. G. L. Rau. Leipsic, 1838.

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remedy in colic with dysentery, but will a discreet practitioner ever use it in such a case without inquiring whether it is specifically corresponding to it? Rhus is known ex usu in morbis to be a valuable remedy in many diseases which are aggravated in rest, and Bryonia in many others which are aggravated by motion; nevertheless we shall always have to consider whether either of those remedies is specifically adapted to the existing group of symptoms. The same remarks apply to Mercury in syphilis, Sulphur in scabies and hæmorrhoids, China in intermittent fevers, Arnica in contusions, Ipecacuanha and Ignatia in spasms, etc.

We ought not to omit mentioning the law of cure "æqualia æqualibus," or the contagium of a disease may be employed against it as a curative specific. This law, which was first discovered and promulgated by the veterinary physician, M. Lutz, in a pamphlet entitled the Doctrine of Isopathic Remedies, and published in Leipsic, 1833, has been confirmed by the experience of many acute observers. In making mention of this work in the second volume of the Homœopathic Gazette, No. 9, page 70, Dr. Gross tells us that he had made many experiments with isopathic remedies. Since then several cures by means of isopathic remedies have been reported in the Homœopathic Gazette; but they do not always prove what they are intended to prove, and have appeared to us rather imaginary. There is no doubt that single observations have been made the basis of the doctrine that the product of a disease is able to cure that disease, and that this erroneous conclusion has brought into use a number of remedies which do not deserve that name. We know that contagia are not only capable of subverting the normal condition of the vital forces, but also of restoring the natural play of those forces (we need but mention Psoricum, Lachesis, Vaccinin, Morbillin, Variolin); but those remedies have most frequently cured diseases entirely different from those from whose names those agents have derived their own. If all diseases could be cured in this manner the business of a physi-

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cian would not be difficult but very laborious, inasmuch as he would have to dynamize the product of the disease in every single case; for any other it would be without any value. Cures which are said to have been effected agreeably to the principle, "æqualia æqualibus," are in fact homœopathic cures; for the patient is cured by means of a product of that disease in some other patient, which is dynamized in the usual fashion.

Inasmuch as we have made mention of the various methods of treatment of which the homœopathic practitioner may avail himself, we shall now say a few words of some other methods occurring in allopathic practice, and comprehended in one or the other above-mentioned methods of cure.

Homœopathy knows nothing of the expectant method. Every manifestation of disease is treated according to its symptoms, by positive remedies.

Nor does homœopathy know anything of a particular treatment for convalescent patients. The efforts of the homœopathic physician are directed against the disease itself, without poisoning the organism, as is done in old-school treatment, by excessive doses of medicine, frequently ingrafting upon the organism an artificial disease that is much more violent, and lasts much longer than the natural disease. Homœopathy does not use any depletory processes; hence the patient is not weakened by homœopathic treatment, and there is no necessity for any of those medicines which are required for the debility consequent upon the employment of the allopathic revulsive treatment. Suffice it to mention the cure of inflammation by repeated bleedings, or the treatment of typhoid fevers with excitants and a variety of other drugs in large doses, the use of which is generally followed by a period of convalescence lasting as long as the original disease; the treatment of febris pituitosa, which generally leaves a deranged state of the mucous membranes and dropsical conditions, etc.

After these preliminary pathological and therapeutic

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observations we come to state the fourth cardinal principle of homœopathic practice: *Give the specific remedy in a sufficient quantity to excite the curative reaction of the organism, without occasioning any unnecessary aggravation of the symptoms, which would only serve to impede the cure.* According to Hahnemann the homœopathic dose may be ever so minute it will succeed in improving, curing, or even annihilating the disease. His idea was that the exciting causes of disease possess only a subordinate and limited power to disturb the organism, but the remedial agents possess this power in an absolute, and, therefore, supreme degree, at the same time as they are capable of affecting the diseased organ in such a manner as will restore the harmony of the whole organism. A few hours after exhibiting his remedy Hahnemann frequently noticed new symptoms evoked by the medicine (medicinal aggravation); he therefore concluded that the dose was still too powerful for the disturbed organism, and was led in the course of time to carry all his remedies up to the 30th degree of dynamization. He was rejoiced at witnessing the effect, the pure dynamis of his immaterial doses, and the power which even the highest potencies still possessed to cure disease. He even thought that those highest dynamizations were frequently too powerful, especially in chronic diseases, and he therefore introduced the method of simply smelling a few pellets moistened with the medicine. Afterwards he thought that even olfaction was too powerful for certain delicate organisms, and he advised such patients to dissolve a few pellets of the medicine in half a tumblerful of water, and of taking a tablespoonful every day, or every two or three days. According to Bœnninghausen's communication in the New Archive, first and second number, Hahnemann has carried his dynamizations still higher, and since his death the highest dynamizations have been vaunted in such extravagant terms that the student of homœopathy must fairly lose his senses in that labyrinth of strange and unheard-of

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relations. There are as yet no fixed rules for the magnitude of a dose or the employment of particular potencies; every physician uses those potencies which seem to him best, and if he succeeds in curing his patient, he considers that potency the best which has effected the cure, and advocates it as such, upon the ground of experience. Nothing positive can be said about a point of doctrine which has given rise to so many different opinions. It will not do either to contradict or to blindly believe the results said to have been obtained by other physicians. We ought to verify them in our own practice, although neither a few successes nor failures are a sufficient evidence either for or against the statements and inferences of other practitioners. If it were true that in treating a case of disease the principal thing is to give the homœopathic specific, and that the dose is of minor importance, we might dismiss the subject without any further remark. The dose, however, is of some importance, and we therefore beg leave to express our own opinion in respect to doses, without desiring, however, to bias any practitioner's mind in favour of our ideas.

In the first place we ought to have a proper understanding of the term *dynamization*. Hahnemann gave this name to every attenuation of a drug, which he considered a development and increase of the power of the drug, until the material substratum should be entirely destroyed and the attenuated agent should act as a purely dynamic power. The term "dynamization or potentialization" is certainly the best that can be applied to the attenuations of mineral and metallic substances, inasmuch as the process of trituration discloses and developes their latent powers and raises the drugs to the rank of true curative agents. It is only by triturating those crude substances that they become like medicinal agents which, even in their natural state and divided into very minute parts, possess so great a power of disturbing the organism that it is not advisable to use them except highly *diluted*. The former substances are dynamized by

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trituration, the latter weakened by dilution. We do not know very positively how far crude drugs require to be dynamized before their medicinal virtues are properly disclosed; but we may suppose that this result is obtained as soon as the triturated substance manifests the power of morbidly affecting the organism. Any farther attenuation of the drug would not be a dynamization but a dilution. If the successive attenuations of a drug were so many dynamizations, why does not the dynamic power of the drug increase by attenuation, whereas Hahnemann thinks that it decreases. However, our intention is not to criticize, but simply to state the view which we take of dynamization and dilution. We understand the thing differently from Hahnemann, but, if we mean to obtain a rational opinion of the power of his small doses we have to understand the attenuating process as he does. He supposed that the dynamic power of ponderable bodies might be excited by peculiar manipulations like that of imponderable substances, and that the dynamic power of those substances might be separated from its material substratum and transferred to a neutral vehicle by means of which it might be made to act upon the affected organism like electricity, magnetism, etc. The correctness of the views which Hahnemann has promulgated about the dynamizing power of the processes of trituration and succussion, cannot be denied, nor will it be denied by any one who is familiar with homœopathic practice, and has used the 30th, 40th, and 60th potency of Arsenic, Belladonna, etc., with the same happy results as we have done in our practice. Latterly, however, the process of dynamization has been carried much farther than it ever had been before, and with so much enthusiasm that it is impossible to foresee its ultimate boundaries. The advocates of the doctrine of dynamization have now become convinced that the whole secret of the curative effects of one, two or three pellets is explained by the peculiar mode in which the medicine has been triturated and succussed. They

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carry a remedy up to the 800th, 1000th, and even 2000th potency,* and imagine that those high potencies still produce pathogenetic symptoms. If this game, which is particularly exciting to laymen, and in which physicians become so easily interested, is carried much farther, the end of it cannot possibly be foreseen, and it may become true what some of our opponents have said of us, that in homœopathic practice nature triumphs both over the disease and the physician! We will not decide whether the introduction of the highest potencies has or has not been a scientific progress; but we confess that those potencies, which we have used in many cases with the honest intention of testing their real value, have not answered our expectations as well as they have those of Stapf, Gross, Bœnninghausen, and other enthusiastic admirers. We still recollect the time when Hahnemann supposed that all chronic diseases originated in the use of coffee, until the psora theory furnished him a new clue for those diseases. Many homœopathic physicians have implicit confidence in the psora-doctrine. They likewise believed in the limit which Hahnemann had marked out in the preface to every remedy contained in the first edition of the Materia Medica Pura as the highest degree of power of which that remedy was susceptible. And who will deny that beautiful cures were wrought by these pretended highest potencies which were supposed to be the most suitable to the susceptibility of the disturbed organism. But even at that time we frequently succeeded in curing with a lower potency where the higher had no effect. No one thought in those cases of ascending the scale, and an attempt made by Korsakoff to carry our remedies up to the 1500th potency was rejected as absurd by those who were satisfied with the results of their present experience; it was supposed that those potencies had no curative power whatsoever,

* Baron Gerstorff, one of the provers so frequently mentioned in the Materia Medica Pura, has told me that Arsenic has been carried up to the 10,000th potency.—HEMPEL.

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and that the patient who was treated with them received no medicine at all. It is but a few years since the lowest potencies were recommended as the most suitable in the treatment of disease, and employed by a great number of physicians. What causes all those changes? Have the drugs become more powerful? Have the highest potencies been made or used improperly? Have we obtained a deeper insight into the spirit of our doctrine? Are we desirous of showing to the world that homœopathy is yet susceptible of many improvements? Certainly homœopathy is susceptible of improvement, but it strikes us that it ought to be effected by a different road than that of the highest potencies. The probability is, that if Hahnemann had lived and had remained in possession of his vigorous intellect, he would have made changes in the preparation and administration of our medicines, and would always have recommended the last change as the best. This is our opinion of the highest potencies; they may afford advantages in certain cases, but will probably be superseded one day by a new method of exhibiting our remedial agents, which will be advocated with the same enthusiasm by its friends.

As it is impossible that the same dose or potency should be suitable to all patients, the question naturally occurs: What dose will excite the curative reaction of the organism in a sufficient degree? Every physician must feel interested in the settlement of this question, as the dose is of the utmost importance to a successful treatment. The lowest potencies, the thirtieth, and now the highest potencies, have been successively recommended as the normal doses. But we are convinced, from the many trials which we have made with every one of those preparations, that neither of them can be considered normal, and that the dose depends in every case upon the susceptibilities and the reactive power of the patient's organism. In Rau's Organon the conditions by which the dose ought to be determined have been accurately described, and we shall adopt them in the present work, so much

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more as the views of Rau on that subject coincide entirely with our own.*

* NOTE BY DR. HEMPEL.—Dr. Hartmann's remarks on the highest potencies appear to me rather superficial. If a man uses the 60th potency with as much success as he pretends to do, there is no good ground for his being astonished at the curative effects of the 200th or even the 2000th. Dr. Hartman denies that succussion is a means of developing the dynamic power of a drug; he thinks that attenuation by succussion is a simple process of dilution. In this I think he is grievously mistaken. How will Hartmann explain the fact that a drop of the tincture of Belladonna, when simply stirred in a glass of water, has frequently no effect, where a few pellets of the thirtieth potency will effect a speedy cure, or where a cure is effected by that same drop if it be mixed in a tumblerful of water by turning the solution some thirty or forty times from one tumbler into another, and then mixing a table spoonful of that solution with another tumblerful of water and turning this second solution again thirty or forty times from one tumbler into a second one? I can affirm that I have effected many cures with a double-attenuated solution where a simple dilution of the tincture left me entirely in the lurch. As regards the highest potencies, I protest both against their exclusive use and against the injudicious neglect with which many practitioners treat them. I have used them in many violent cases with the most perfect and sometimes with instantaneous effect, and do use them now every day to my entire satisfaction. I have reported a number of cases in the Homœopathic Examiner where the curative action of the highest potencies is so evident that no sane man can doubt it, and in many cases I have obtained results by means of the highest potencies where the lower potencies had entirely failed, even when administered by skilful hands. A few weeks ago I was requested to take charge of a lady who had been suffering with consumption brought on by mismanaged pneumonia. Her most distressing symptom was a hard wheezing cough with most difficult expectoration; she had a turn every five minutes. This lady had been treated homœopathically for several months past, and the last medicine that had been given her was crude sulphur, of which she took three powders a-day, and had already swallowed twenty powders in all. The patient told me that her cough had been getting worse ever since she had taken those powders, and that her distress had become so excessive that she could not take the medicine any longer. Sulphur, however, was the remedy. I gave her two pellets of the 800th potency in water, a table spoonful every six hours, and when I saw her again, three days after, her cough was much less, the paroxysms were much less frequent and less violent. The lady remarked to me, "What a comfort it is to be able to sit without coughing."

In the second number of the Homœopathic Examiner, Vol. IV., I have reported a case of neuralgic colic of upwards of three years' standing, which had been treated for eighteen months by the first homœopathic physicians of this city. When I took charge of the patient, she suffered the most agonizing pain from morning till night, and the friends of the patient—a most interesting young lady—had given up all hope of ever seeing her relieved. I can affirm, as a man of honour, that that patient has not only been relieved but entirely cured, by the 200th potency of Ipecacuanha. I might adduce the written testimony of the patient's mother to show that the cure has been complete; but I forbear on account of the flattering remarks contained in that paper.

Among other cases where the lower preparations have failed entirely and where the highest potencies have effected a cure, I may mention the following:—A gentleman of thirty years had an inflammatory rheumatic fever which was treated allopathically; in the course of the treatment he lost his appetite, his bowels became affected, and after the treatment had lasted a whole year he concluded to submit to homœopathic treatment. His symptoms were: Constant uneasiness about the bowels, excessive qualmishness, constant desire to evacuate the bowels, which were very sluggish; violent

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The susceptibility to medicinal influences is greatest in very small children and is at its acme in subjects entering upon pubescence, a period when the more noble developments take place. These are epochs when (as a general rule—*Trans.*) the organism requires but minute doses of medicine which ought to be so much more minute as the medicine has a specific relation to the organ. This observation is likewise applicable to females, who generally require smaller doses.

The constitution of the patient is likewise to be taken into consideration. Phlegmatic and torpid temperaments require the lower attenuations; sensitive persons, on the contrary, with a sanguine or choleric temperament, the higher. Persons whose sensibility has become obtuse in consequence of the abuse of spirituous and heating beverages, spices, piquant dishes, require larger doses of medicine to excite the necessary organic reaction. This shows that the mode of life has a great influence on the constitution. Mental labour, the reading of novels which excite the imagination, a sedentary and effeminate mode of life, and long sleeping, increase the sensibility; heavy labour, country-air, substantial and nutritious food, living in apothecaries, or tobacco-shops, distilleries, etc., diminish it. It is likewise certain that persons who have been treated with Lead, Mercury, Iodine, Cinchona, Valeriana, and other drugs, and are now suffering with a com-

shooting pain from temple to temple through the forehead, occasionally a neuralgic pain in a small circumscribed spot of the left parietal bone; but his greatest trouble was an abominable coating of the tongue, which was at least one line in thickness, and had a most horrid appearance; when I saw it for the first time it positively sickened my stomach. That gentleman enjoyed for six months in succession the treatment of a distinguished homœopathic physician, under which he got worse instead of better. I *cured* him with the 200th and 300th potency of Aconite, bowels, head, tongue and all; his tongue now looks as clean as any man's.

Why should we close our eyes to such facts? No honest practitioner does, but alas! how few are there among us who are honest and devoted inquirers. Most physicians look upon themselves as accomplished artists, who cannot learn anything of anybody, and who ought to reject and deride the experience of their fellow-practitioners if it should at all appear strange and some exertions should be required in investigating and verifying it. How an experimental science is to be benefitted by such want of application and by so much impudent conceit, is difficult to understand. Fortunately the interests of true medicine are not jeopardized by the neglect of a few men, and, besides, there are plenty of brave men in the homœopathic ranks who will never shrink from fulfilling their high trust.

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plication of the natural disease and medicinal poisoning, require larger doses than would have been necessary previous to such a poisoning having taken place.* *Climate* has also a powerful influence on the constitution, and indirectly upon the magnitude of the dose, as we know from experience.

The character of the disease, which we are called upon to treat, is likewise an important consideration in the selection of the dose. Erethism and torpor cannot possibly be treated with the same dose. In a state of erethism the vital functions are carried on with great rapidity, and require for their regulation the higher potencies; in torpor, on the contrary, the vitality is very much depressed, and requires to be roused into reaction by larger and stronger doses. Inflammatory and spasmodic affections soon show a favourable reaction after the use of high potencies, etc.

The magnitude of the dose is also determined by *the seat of the disease*, for the greater the sensitiveness of the affected organ, the smaller ought to be the dose, and vice versa. In general we may lay it down as a rule, that affections of the vegetative system, unless they are of a decidedly inflammatory nature, require larger doses, as do likewise affections of the mucous membranes.

The *intensity with which the drug of its own nature is prone to act*, seems to require a particular consideration in determining the dose. It is true that in his later years Hahnemann and the admirers of the highest potencies have overlooked that rule. What a difference there is in respect to the intensity of action between Sambucus, Viola-odorata, Verbascum, Leontodon, Euphrasia, Dulcamara, Crocus, etc., and Belladonna, Arsenic, Rhus, Phosphorus, Corr. subl., Lachesis, Psoricum, and many more.

Does not the affinity of certain remedies to certain organs require a particular consideration? Undoubtedly it does. The more homœopathic the

* The best means to relieve the organism of the influence of such medicinal poisons, is the hydropathic treatment, which ought to *precede* the homœopathic treatment.—HEMPEL.

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remedy is to the disease, the smaller ought to be the dose. Sulphur is a specific to many diseases where its best effects are exhibited by the high attenuations, whereas in scabies repeated doses of a lower potency do more good than the higher attenuations. In many catarrhal diseases to which Dulcamara is a specific, the lower potencies of that drug will do more good than the higher. Rheumatic paralysis for which Bellad. is indicated, requires a much stronger dose than encephalitis. In inflammatory fevers large doses of Aconite may be given when it is not homœopathic to the local inflammation; whereas, if this homœopathicity exist, the higher potencies of Aconite are required.

In some cases the higher potencies of the specific remedy are without any effect; this makes it necessary that we should employ the lower attenuations except when there is a peculiar idiosyncrasy toward one or the other remedy, as is known to be the case with Nux, Arnica, Crocus, China, Mercurius,* of which the higher attenuations are required in all such cases.

If in prescribing a remedy, we consider carefully the various conditions which have been indicated in the foregoing paragraphs, we shall in most cases be enabled to give a dose which will be just sufficient to excite the necessary curative reaction in the affected organ. From all this we see that the dose ought to be strong or weak according to the nature of the case, and that even a weak dose may yet produce an exacerbation of the symptoms. This exacerbation, however, is not a necessary occurrence, since it frequently happens that the patients, instead of experiencing an exacerbation of the symptoms, feel a peculiar quietude, a disposition to sleep; sometimes even they fall into a sound sleep which lasts a longer or shorter space of time and is

* I have had a female patient who could not take Aconite or Digitalis, which she required to take for a nervous disorder, without experiencing a most distressing nausea, which would sometimes be felt even after taking the 200th potency. Whenever her nervous system had become excited by fright or by other causes which seemed to require the administration of Aconite, she expressed an utter aversion to Aconite. Coffea soothed her in a moment.—HEMPEL.

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generally very refreshing, and from which the patients sometimes wake cured, if the nature of the case admit of such a speedy change. Both the medicinal aggravation and the soothing effect of the remedy are sure proofs to the homœopathic physician that the remedy is well chosen. Although that remarkable phenomenon occurs both in acute and chronic diseases, yet it is seen much more frequently in affections characterized by a morbid excitement of the organic life, especially when the higher organs are involved, in nervous irritation, spasms of every kind, erethism of the vascular system, including pure inflammation, erethism of the lower organs, such as the mucous membranes, glands, bones, etc. (but much less frequent in the latter), in irregularity of the sleep. Children, in whom the vegetative system prevails, are especially apt to sleep after taking the true homœopathic specific.*

Since it is an established fact that a true homœopathic specific may either produce an exacerbation of the symptoms, or a curative sleep,† and we are unable to determine the normal dose which will under all circumstances occasion those results, we therefore advise the beginning practitioner not to pledge himself to any dose in particular but to use the whole scale of potencies to the best of his judgment.

What has been most perplexing to the scepticism of the old school is the possibility that such small doses should have any effect upon the organism. This scepticism arises principally from the fact that old school physicians give their remedies every hour in a crude state and in large quantities, and have no idea of the dynamic power residing in a drug. However much the human understanding may be at a loss to account for the power of our small doses by any thing known in science, there is no doubt that the possibility of such action may not only be conceived according to natu-

* See reflections on Sleep, which is in many cases a direct result of the action of homœopathic specifics upon the affected organism; by Dr. E. Stapf, Archive, Vol. V., No. 3, p. 1.

† See No. 4 of Vol. IV. of Hom. Exam., in the case of typhoid meningitis reported by Dr. Hempel, where this curative sleep set in almost immediately after the administration of Hyosciamus 30.

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ral laws, but that it has been proven by the universal experience of all homœopathic physicians. To cure diseases, both homœopaths and allopaths use medicines. All those substances which we use as drugs, must be able to disturb the organism by their direct action upon it, each in a specific manner. From a central point the morbid phenomena spread, invading successively other systems. If we consider the action of remedies from that position, we perceive at once that the homœopathic agent is alone suitable in all diseases. It would seem as if we ought to stumble upon the truth that a medicine and a morbid action both of which are characterized by the same phenomena, must primarily act upon the same centre. On giving a homœopathic remedy in a sufficient quantity to produce symptoms, the disease must necessarily be aggravated; on the contrary, by giving the remedy in so small a dose that it cannot affect the organism medicinally, the remedy must necessarily act upon the vitality of the invaded centre, from which its influence will successively extend over the organs which are consensually related to the centre; the disease will therefore be cured without being first aggravated.* This is no proposition of the pure reason, but one derived from experience after numerous observations and experiments. Why should we disbelieve a fact on the ground of its having been wrongly accounted for, and why should we not do again what we have done so many thousand times, in order to obtain again the same good results? We do not deem it necessary to repeat in the present instance the many striking proofs which have been offered to the opponents of homœopathy, that striking effects are frequently produced by spiritual, or dynamic forces. We will simply state that if the healthy organism can be influenced by atmospheric impressions, atmospheric vibrations upon which the perception of sound and light depends, and by other imponderable agents, why should it be denied that an organism invaded by disease can be

* See Ideas on the Formation and Cure of Disease by D. Drechsler of Düben, in the Med. Annals of Altenburg, March, 1815.

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acted upon by minute doses of highly refined therapeutic agents when it cannot be denied that those agents possess a dynamic power. We refer the reader to Hahnemann's beautiful treatise: "How is it possible that small homœopathic doses of a highly attenuated medicine, should still possess power, great power?"* We likewise recommend Dr. Trink's excellent treatise in opposition to Hahnemann: Reflections on Doses,† and Dr. Gross' reply.‡

We beg leave here to record our own opinion about the action of our doses, which is sometimes of long duration, and sometimes is not perceived at all. Of that action Hahnemann says in the Chronic Diseases: § "This is not one of those propositions which can be comprehended; nor do I ask that it should be blindly credited. I do not comprehend it either, but the truth is as I have stated. This is a matter of experience in which I have more confidence than in my own comprehension." The experience which we possess of the power of the doses, may be deemed sufficient, and, it is all that we shall know about it for some time to come. However, we, no more than others, have been able to resist the desire which is inherent in the human mind of explaining every phenomenon which interests man; and inasmuch as it cannot be denied that the power with which homœopathic doses act, is a most interesting and remarkable occurrence, we have tried to explain it to our mind as satisfactorily as possible, although we admit that our explanation together with all others, rests upon a hypothetical basis, having more or less probability in its favour.

It is well known both to allopaths and homœopaths that the human organism cannot be invaded by a morbid force, be this either spiritual or material, unless the organism is in a state of adaptation to that force or in a state of susceptibility to its influence. This fact can be illustrated, by examples. Epidemic scarlet-fever, erysipelas, measles, etc., do not attack anybody who has

* Materia Med. Pura, by Dr. Hempel, Vol. IV.
† Annals of Hom. Clinique, Vol. III., No. 2, p. 127.
‡ Allg. hom. Zeit, Vol. I., p. 43.
§ Chronic Diseases, Vol. I., by Dr. Hempel.

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not yet had those diseases; we frequently see one or two individuals in a family where either of those diseases prevails, remaining free from the disease, but they are attacked by it when the disease occurs a second time and and when the organisms of those individuals are more susceptible to it than they were during the first invasion of the epidemic. Not all persons who expose themselves to the contagium of itch or syphilis, will be infected by it; such an infection will only take place in persons whose organisms are predisposed to the reception of the miasm. If the predisposition of the organism were not necessary to its infection by a contagium, how could we account for the fact that of ten persons who are bitten by a mad dog, only two or three become affected with hydrophobia.

A sick organism is much more vividly affected by external disagreeable impressions than an organism in a state of perfect health, which may be left entirely undisturbed by those impressions. The sick organism being so easily irritated by the least disturbing causes, it requires on the other hand very little to affect it favourably. It is upon this fact that we account for the efficiency of homœopathic doses. The homœopathic agent and the morbid force disturbing the organism in a similar manner, their disturbing influence must be directed primarily against the same central point in the organism, and, in disease, that central focus must therefore be readily influenced by the homœopathic agents, so that the natural irritation will be easily, thoroughly and permanently counterbalanced and effaced by the artificial influence.

Although Hahnemann has shown that the inherent power of a drug is only properly developed by the dynamizing process, yet we believe that the real dynamic force of the remedial agent begins to act only when it meets the central focus of the disease, to which the homœopathic agent conjoins itself as the seed does to an appropriate soil; if that central focus be not met, the dynamis of the homœopathic agent remains in a latent state and the disease goes on increasingly; or else the remedy may develope its own

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pathogenetic symptoms, which become engrafted upon the disease without any benefit to the patient. This takes place in cases where the remedy is not homœopathic to the disease, where it covers a few symptoms only without corresponding to the fundamental character of the disease, or where the dose was too powerful or the patient's sensibility too great.

To avoid either of those results the homœopathic physician ought to possess a perfect knowledge of disease, in order to be able to distinguish essential from accidental symptoms, but he ought likewise to possess a complete knowledge of the symptoms of our drugs, in order to be sure that the remedy he selects is the true homœopathic specific. If those conditions are fulfilled, the curative reaction of the organism will seldom fail to be excited in such a degree as will lead to the restoration of the patient's health in the most expeditious and safest manner.

We, no more than Hahnemann, comprehend how medicines can act for so long a period; and yet we sometimes let them act much longer than Hahnemann did, and sometimes we give them more frequently, even the antipsorics, than he advises in the Chronic Diseases. On that subject we beg leave to record our opinion as follows:

It has already been mentioned that the action of the homœopathic agent is seen most brilliantly when it bears directly upon the central focus of the disease, which must always occur when the remedy is the true homœopathic specific. If the remedy be homœopathic to the disease, the organic vital forces will be powerfully roused in opposition to the heterogeneous influence of the drug. The vital reaction being once excited and having succeeded in overcoming the artificial disturbance, it does not at once compose itself to a state of rest, but it continues active until the normal condition of the affected organs shall have been restored. It is for this reason that the curative reaction sometimes continues for weeks and months, provided the remedy was perfectly homœopathic to the disease. The curative reaction lasts much longer in a chronic than in an

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acute disease; the former being more deeply rooted than the latter. The duration of the curative reaction may be illustrated by the vibrations of a musical cord, which continue long after the cause which excited them has ceased. It may likewise be illustrated by the fact that a long and progressively increasing disease may be excited by a momentarily existing cause ceasing the moment after its influence upon the organism has been established.

As regards Hahnemann's views about the selection of the remedy, they have been considerably changed by experience. He thought that the medicines which he had proved first were more suitable to acute and the so-called antipsorics to the chronic diseases.* Experience however, which is the safest guide in medicine, has convinced Hahnemann and all homœopathic physicians that such a division of our remedies into antiphlogistics and antipsorics is not founded in Nature, inasmuch as the antipsorics are frequently used in acute diseases, such as Phosphorus, Acidum phosp., Carbo veg. in cholera morbus, and the antiphlogistics in chronic, such as Chamomilla in cardialgia, Acidum hydroc., Verbascum in chronic affections of the larynx. Hahnemann being convinced that his former views on that subject required modification, he incorporated a number of his first remedies in the second edition of his Chronic Diseases.

In regard to the treatment of Chronic Diseases we refer to some observations which have been communicated in the second number of the eighth volume of the Archive, p. 33, and which are still valuable to the practitioner. We there read: "Every physician knows that chronic affections in their incipient stage are so little troublesome to patients that they do not consult their physicians until, after a very gradual and sometimes scarcely perceptible development, the affection breaks forth in an acute form, acute rheumatism, acute gout, etc. Although these

* By antipsorics Hahnemann understands those remedies which he proved after the discovery of his psora theory and which are contained in the Chronic Diseases.

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acute-chronic affections depend no doubt upon a chronic miasm, yet it would not be advisable to treat them with antipsorics from the very commencement, for this reason, that the antipsorics frequently occasion a considerable aggravation of the symptoms in the first two weeks, which it is very difficult to counterbalance by other remedies. The vehemence of the acute attack ought in the first place to be allayed by a remedy which does not properly belong to the class of the antipsorics, and after the disease has been reduced again to its former condition, then the antipsoric treatment ought to commence. After having instituted a number of experiments in regard to the best mode of treating chronic diseases, we have adopted the following views in reference to that subject: Do not begin the treatment of every chronic disease with an antipsoric, but sometimes with one of the former remedies, especially when the disease had been successfully, and, as may hence be inferred, specifically treated with one of those remedies previous to the antipsorics being known. Among them the principal are the polychrests, some of which are equal to the antipsorics in the treatment of chronic diseases; we may mention Belladonna, Nux, Rhus, Staphys., Asa., Dulc., Mezereum, Sarsap., Ars., Coloc., Hepar, Anac., Clem., Puls., Ignat., etc.*

The reviewer of my first edition objects to the last proposition and would like to see it altered. Numerous experiments, however, have convinced me that my opinion is not altogether incorrect. Even before me many physicians have objected to any rigorous line of demarcation being drawn between antipsorics and the remedies for acute diseases; they have proposed that remedies should be administered with reference to the symptoms independently of that division. I propose the same thing, viz. that no remedy which has been known to act as a specific curative in a given disease, be discarded until we know a substitute for that remedy which will act still more specifically.

* Dulc., Mez., Sarsap., Ars., Coloc., Hepar, Anac., Clem., belong to the antipsorics.—HEMPEL.

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It is an acknowledged fact that antipsorics are the best remedies for disorganizations and such affections as could not be cured by any of the non-antipsoric remedies, or when these are not indicated in the present case. In all such cases, the treatment ought to be commenced with Sulphur, the best preparation being the tincture of Sulphur, one dose a-day for 4, 6 or 8 days in succession, provided the Sulphur is at all indicated by a few or more symptoms, or the patient has a distinct recollection of having had the itch. The Sulphur may be continued until several symptoms make their appearance which the patient has not yet felt on any former occasion. After the action of the Sulphur has been distinctly perceived, it ought to be discontinued, and, as soon as the Sulphur has ceased to act, the patient ought to be given another antipsoric which is most homœopathic to the symptoms. This will act with so much more certainty and success after the Sulphur has been given. This second antipsoric has likewise to be repeated, but less frequently than the Sulphur; the frequency of the repetition has to be left to the judgment of the physician. If a well-chosen antipsoric should not act as well as the physician had a right to expect, he then may again recur to a few doses of Sulphur to secure a more favourable reaction, and afterwards give the next suitable antipsoric; in this way the Sulphur may have to be repeated two, three or four times during an antipsoric treatment. In spite of this truly scientific proceeding in the treatment of inveterate diseases, especially when disorganizations have already occurred, the physician sometimes fails in accomplishing anything, and the disease goes on in its course. Under these circumstances the dose has to be increased, which is sometimes the only means left to benefit the patient.*

In the treatment of acute diseases, success depends entirely upon the proper selection of the homœopathic agent; but there are cases in which the ordinary specifics have no effect. This deficient action of the

* Under these circumstances the most marked success has been obtained from the highest potencies.—HEMPEL.

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remedial agents frequently depends upon an impoverished vital force, or upon an excess of vital energy in one or the other part of the disturbed organism, owing to which the curative reaction is either entirely or at least partially prevented; in such cases the patient is first to be mesmerized, after which the homœopathic specific, which would not act before, will become a most efficient agent. Sometimes the want of action depends upon a latent dyscrasia having been excited by the acute disease, which requires a suitable antipsoric to be again reduced to a latent state. Sulphur is generally the best antipsoric to be employed for such purposes, it removes the symptoms which had appeared in company with the acute disease, or, at any rate, it restores the original character of the acute disease, and enables the previously employed remedy to exhibit its full action.

The following observations relative to the treatment of acute affections may conclude our general remarks about the homœopathic treatment of disease. If no change of symptoms occur two, or at most four, hours after the dose has been taken by the patient—provided the dose was of sufficient magnitude—this is a certain sign that the remedy is not homœopathic to the disease, and that another more suitable remedy requires to be selected. But if an improvement commences a few hours after the taking of the first dose, if the consciousness becomes freer, the sleep is more quiet, the skin moist, no other dose or remedy ought to be given until the improvement ceases.

In acute diseases where life is in the most imminent jeopardy, the medicine may be repeated every fifteen minutes, half hour, hour, or every two, or three hours, provided the physician is sure of having selected the proper remedy. This frequency of repetition is especially admissible in inflammatory affections, asthmatic complaints, typhoid fevers, dysentery, cholera and diseases of a similar kind, etc. The attenuation ought, of course, neither be too high nor too low.

We now come to mention the *fifth fundamental principle* of homœopathy, which is just as important as

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it is characteristic of our practice; it is this, that no more than one remedy at a time ought ever to be given. By mixing several remedies together, in old school fashion, the peculiar effects of each are easily disturbed, or even neutralized, or a compound effect results from that mixture which it is impossible to determine a priori, and which we can only ascertain by proving the mixture upon the healthy organism. This, however, will probably not be undertaken as long as there are simple remedies left of which the physiological action upon the organism remains yet to be ascertained. If the homœopathic physician were to recommend, in company with the homœopathic agent the use of herb-tea, herb-bags, fomentations, injections or ointments composed of medicinal herbs, he would commit the same mistake which we censure in old-school practice, and he could not rely upon the effect of the small homœopathic doses.

Some homœopathic physicians have tried to mix two remedies, one of which seemed homœopathic to one portion of the symptoms, and the other to the remaining portion; but the results did not answer their expectations, and all good homœopathic physicians were soon convinced that such a course would have occasioned the ruin of true homœopathy, and would have degraded our practice far below the practice of the old school.

It would be as pernicious both to our patients and practice, to mix our remedies, as it is useful in many complicated cases, to use two remedies alternately at suitable intervals. This alternation may be much more rapid in acute than in chronic diseases. In the former the power of a dose is soon spent, in the latter, on the contrary, the functions of the organism are either carried on naturally, or they are too slow or even entirely suppressed. We will illustrate this by a few examples.

Scarlet fever and purpura miliaris are frequently found complicated; to the former corresponds Bellad., to the latter Aconite, both of which remedies may be given in alternation every three hours, to the great

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advantage of the patient. Dulcamara and Belladonna may be advantageously alternated in angina, when either of those remedies seems to be homœopathic to the symptoms. The erethism to which consumptive patients are liable, frequently requires the use of Aconite, Acid. hydroc., Laurocerosus, etc., as intercurrent remedies, and it is good practice constantly to employ one of the latter remedies in alternation with the principal specific as long as the erethism lasts. In croup, Aconite and Spongia, or Spongia and Hepar have been alternated with great advantage by a number of physicians.

The *sixth fundamental principle*, as formerly established by Hahnemann, is, not to give a second dose of the same remedy or to administer a different remedy until the former shall have spent all its power. He deduced this maxim from the fact that many remedies act for days, weeks, and even months. Having at first an implicit faith in that maxim, homœopathic physicians never thought of modifying it in the least. This maxim, however, being an important rule in practice, a number of experiments were instituted to verify it, and it was found that the frequent and successive repetition of a dose of the same remedy was not only useful but necessary to a cure. Even in the first edition of this work the repetition of the dose was adverted to as necessary in some cases, but at that time it was considered an exception to the rule. A repetition of the dose was considered necessary especially in those cases which improved after the first dose, but seemed to relapse into their former condition after the lapse of a few days. Recently the repetition of the dose has become a universally acknowledged rule, and even those physicians who are in the habit of using the highest potencies, do not always administer the whole pellet at once, but dissolve it in water and give one spoonful, or two or three of the solution for several days in succession. The necessity of repeating the dose in many cases having been keenly felt, and that necessity having been established by the observations of a number of physicians, attempts have been made to regulate that

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repetition by rules. For instance, it is necessary to repeat the dose if the first dose diminishes the violence, without changing the character of the disease, and if the violence of the attack ceases to diminish after a time. If a second dose effects no farther change but simply prevents the disease from returning to its former violence, this is a certain proof that the organism has become accustomed to the influence of that medicine. If, however, that same medicine continues to be indicated, in that case a lower potency requires to be administered, and to be continued until reaction has evidently set in, which ought not to be disturbed by another dose. If the reaction should cease before the cure is effected, in that case either the same or another more suitable remedy has to be administered.

It is universally conceded that the dose ought to be much less frequently repeated in chronic than in acute diseases where the vital process is carried on much more rapidly than in the former, and where, consequently, the vital powers are much more speedily exhausted. The repetition of the dose cannot be determined by fixed rules, and has to be left to the tact and judgment of the physician; of course he ought to possess the talent to judge with discretion. If highly sensible and active organs are affected, the dose will have to be repeated more frequently, because its power will be spent much more rapidly, as is the case in inflammatory and typhoid diseases. In such diseases the effects of the remedy are perceived very soon, and the dose admits of a speedy repetition. If the effects are not soon perceived, we may conclude with certainty, that either the potency or the remedy was badly selected. In chronic affections the effects of the remedy ought to be perceived in forty-eight or at latest in seventy-two hours; if they are not, the remedy is either not homœopathic to the disease or the potency was not adapted to the susceptibility of the organism.

If by repeating the dose an essential change is effected in the symptoms, this change may be considered a proof that the medicine is no longer homœo-

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pathic to the disease; if circumstances permit, the exhibition of a new remedy may be delayed twenty-four or forty-eight hours; if the change of symptoms should indicate danger, a new remedy ought to be administered immediately. The dose ought not to be repeated when the disease passes into a new stage, for instance, in scarlatina, after the disease has assumed a new form by metastasis; in croup, when the disease has passed from the inflammatory stage to that of effusion;* in smallpox, when the suppurative stage has commenced, etc. These new forms of the disease require new remedies, which are to be repeated if necessary.

It is advisable, however, especially in chronic diseases, not to continue the same remedy too long, even if the dose be changed, lest the organism should become accustomed to its influence, which cannot be useful in the treatment. Instead of repeating the same remedy too often, it would be better to select another remedy which should be as nearly as possible homœopathic to the disease, and to repeat this remedy at suitable intervals, after which the previous remedy may again be given. We do not admit with Rau that in acute cases the higher potencies are more suitable on account of their action being more speedy and shorter in such cases; for it is known by experience that the higher potencies act more intensely and longer than the lower, that they excite the curative reaction of the organism much more tardily than the lower potencies, and are on that account much better adapted to the treatment of chronic diseases.

The *last fundamental principle* in homœopathic practice is the *diet* and *mode of life*. This is of the utmost importance, considering the smallness of the dose, which ought to be regulated by the intensity and general character of every case. The strictness of the homœopathic diet is appreciated even by the old school; it is estimated even beyond its merits, for our

* It is asserted by some pathologists, that what has been hitherto considered different stages of croup, are four distinct varieties of that disease, each of which requires a special treatment, and has no connection with any of the other varieties.—See Hom. Examiner, Vol. IV., 5.

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cures are attributed to it exclusively. There is no doubt that everything which might exercise a medicinal influence upon the organism should be carefully avoided during homœopathic treatment, lest the action of the small doses should be impaired. Chronic patients particularly should be submitted to the most rigorous diet, inasmuch as their disease is frequently maintained and even aggravated by faults of diet or other artificial influences which might be avoided. A rigorous diet is sometimes even sufficient to restore the organism without any medicine; at any rate the susceptibility of the organism to the action of the remedial agent is heightened by keeping the organism free from all stimulating and disturbing influences. Every intelligent physician will at once perceive that not every patient can be submitted to such a rigorous diet, and that a man of sixty years for instance, who has been in the daily habit of taking coffee, tea, wine, brandy, or of smoking tobacco and using snuff, cannot be suddenly deprived of those things without detriment to his organism. Hahnemann allowed smoking and snuff; he forbade wine, brandy, and coffee, with great severity. This seems to be inconsistent, and leads us to suppose that in a more advanced age we may except some other things besides tobacco from the general rule of abstinence. But let the homœopathic physician beware lest he should be too lenient in prescribing a proper diet to his patients, and let him be mindful of the proverb: Give him an inch and he will take an ell.

In acute diseases the diet ought still to be much more rigorous than in chronic, and the more so the greater the danger and the more rapid the course of the disease. The physician will not find it difficult to enforce that rigorous diet in acute diseases where the patient has scarcely any desire for anything, and the attendants are of themselves convinced that the strictest diet is of the utmost consequence. If the patient does not wish to eat anything, nourishment ought not to be forced upon him; on the other hand he ought to be allowed to quench his thirst, for which purpose the

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patient will generally prefer cold water; he may drink this without fear, provided he does not drink too much of it at a time. When the instinct of self-preservation has again been awakened, the internal sense of the patient is for him such a sure guide in regard to those things which he ought to eat and not to eat, that the patient should not be refused anything without very cogent reasons.

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FEVER.

GENERAL REMARKS ON FEVER.

§ 1. According to Hahnemann, the symptoms of a disease are the only portion of the disease of which we can take cognizance. This is accomplished by means of our senses. The internal nature, the essence of a disease, cannot be known with certainty; it can only be conjectured. Hahnemann considered the usual names of diseases as collective names for very different conditions of the affected organism; according to him those names are of no value in the treatment of disease. He considered fever a purely dynamic disturbance of the vital force, affecting both its action and sensibility, and being most distinctly perceived in the vascular system. The principal characteristic of fevers is the changeable nature of their symptoms. Reil (On the Diagnosis and Treatment of Fevers, sec. ed., Vol. I., § 24,) says: "Any classification of disease is the work of man, which Nature does not always confirm; on this account we are unable to draw a definite line of demarcation between fevers and those diseases which are not fevers." Von Hildenbrand expresses the same idea in the following words: "Logica definitio febris dari non potest." The great difference which prevails among febrile diseases, and the frequent changes occurring in the symptoms of the different kinds of fevers, make it very difficult to offer a definition of fever that will be applicable to all its varieties. We are not prepared to believe with Eisenmann, Henle, and others, that the spinal marrow is the focus of every fever; we believe, however, that it is that focus in all cases where spasmodic symptoms of any kind form the commencement of the fever, and

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the fever is not seen in a distinct form, except after the spasmodic symptoms have been removed. When spasms occur, the spinal and cerebral irritation is evident; but it would be improper to assert that, because such an irritation exists whenever the febrile paroxysm is accompanied with spasms, the spinal marrow must be the primary seat of every fever. This cannot be admitted as long as we do not possess more data to base such a doctrine upon; for the allopathic physician such an admission would be especially hazardous, inasmuch as it would mislead him in his treatment.

The homœopath needs not to embarrass himself with a definition of fever; he is satisfied with Hahnemann's view, which neither injures nor benefits the treatment.

§ 2. The common symptoms of fever which have to be regarded as a reaction of the organism against the morbid cause, are: Increased frequency of pulse and breathing, not depending upon an accidental cause, such as fast running, but upon a disturbance of the vital principle. Increased warmth of the patient, although the temperature of the surrounding air is the same as before the attack; orgasm of the skin, which becomes warm, hot, dry, turgescent, and exhibits a vivid red colour; bright redness of the tongue and mucous membrane of the mouth; vivid and glistening redness of the eyes, etc. Excessive desire for drinks, with dryness of the mouth; diminution of the secretions and excretions, strong odour and high colour of the former. Alternation of warmth and coldness, sometimes at regular intervals. The above-mentioned complaints are accompanied with a general sick feeling of the organism, headache, weariness and debility of the limbs, arrest of the animal functions, increased sensitiveness of the organs of the senses, delirium, spasms, great restlessness, and in general various kinds of disturbances indicating a powerful excitement of the organism.

However, the pathognomonic symptoms, which have been mentioned in the preceding paragraph, would furnish but a very imperfect diagnosis if the physician

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did not possess the requisite talent to put a proper estimate upon the concomitant symptoms.

§ 3. In treating fevers it is of importance to the homœopathic physician that he should know the causes of the fever, the local symptoms, the type, duration and period of the paroxysm; he should know whether the fever is continuous, remittent, intermittent, or alternating—that is, whether it occurs alternately with morbid conditions of another kind. The proper appreciation of these characteristics is of great importance to the selection of the remedy, which can only cure the fever if the group of symptoms which characterizes the fever is likewise peculiar to the remedy; in proportion as the remedy corresponds more minutely to all the peculiarities of the disease, the cure will be effected so much more rapidly and permanently.

§ 4. We ought not to pass unnoticed the critical phenomena which are observed in fevers. Although we do not, and owing to our different treatment, cannot attach as much importance to them as the physicians of the old school do, yet the homœopathic physician ought not to neglect studying the phenomena by which a crisis is generally characterized, inasmuch as they may occur to him just as well as to an allopathic physician, and he might be misled in his treatment if he did not know them. It is not advisable to endeavour to establish such critical changes by artificial means, for this reason, that we are ignorant of the mysterious processes which Nature, untrammelled and unbiassed by treatment, establishes in disease for the production of such changes. But suppose we knew both the process which Nature adopts in their realization, and the operation of the remedy which is intended to bring about a similar result, in that case it would nevertheless remain a proceeding of highly questionable propriety to substitute an incomplete and often dangerous crisis, obtained by artificial means, in the place of those critical changes which indicate a favourable but frequently insufficient or even powerless reaction of the organism against the disease. We do even believe that those critical changes may be greatly moderated, or even subdued, by homœo-

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pathic treatment, without the curative action of the drug being diminished in the least. Those changes, when fully developed, frequently constitute peculiar diseases, which the physician is called upon to treat and to remove. This being our view of a crisis in disease, we shall treat the subject a little farther in detail, and shall, at the same time, mention the therapeutic measures to be adopted when a crisis occurs.

§ 5. Critical symptoms in fevers are: excessive debility, chills, increase of heat, orgasm, vertigo, illusions of the senses, oppression, twitchings of the muscles, or even subsultus tendinum, delirium and cold sweats, accompanied by an unequal, often even intermittent, double-beating, frequent pulse; these symptoms can only be considered critical when they occur spontaneously, without having been occasioned by hurtful influences at a period when a crisis may naturally be expected, and the vital forces are not depressed. If we had it in our power, by establishing such a crisis, to restore in the patient the sensation of a full return of health, it would be foolish not to excite such a short-lasting struggle, and to maintain it until it should have accomplished its object. Very frequently, however, a crisis remains incomplete, the organism makes renewed and ineffectual efforts to complete it, and the result of this struggle is, in many cases, the transfer of the disease to a noble organ, whereby life is not only endangered but frequently terminated. A crisis is a dangerous occurrence in other respects; owing to the general erethism of the organism, the crisis may easily be disturbed, in consequence of which the organism may relapse into the original disease, and, being already exhausted by the first attack, would be much more dangerously prostrated by the second. We will now proceed to a more detailed consideration of the critical phenomena.

§ 6. We believe, with others, that *a critical sweat* is a decisive sign of the equilibrium of the organism having been restored in fever, when the sweat is preceded by several cold creepings over the skin or itching of that organ, when it is accompanied by a soft,

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undulating pulse, a warm, soft, moist skin with a reddish tinge, when it covers the whole body uniformly, is neither too profuse nor lasts too long in proportion to the intensity of the fever; when the violence of the symptoms abates during the breaking out of the sweat, and the patient feels relieved. Generally, that sweat occurs as a result of the homœopathic specific, and ought not to be disturbed in any way. The medicine should be stopped, the patient should be covered neither too warmly nor too slightly, he should remain in the same temperature, and keep perfectly quiet. If the breaking out of the sweat should have been prevented, or the sweat itself arrested in any manner, and if, in consequence of that suppression, new symptoms should have made their appearance, in that case the physician needs not to expect anything of the equilibrating influence of the sweat, and has at once to exhibit one of the following remedies in accordance with the symptoms:—Puls., Dulc., Acon., Cham., China, Merc., Phosp. ac., Sulp., and several others. If the sweat be too copious, if the patient feel exhausted while it occurs, and other alarming symptoms set in, the medicine has not been well chosen, and another remedy has at once to be administered, either for the purpose of terminating the sweat or transforming it into one of a favourable kind. The remedies which may be used for that purpose are: Stannum, Sulphur, Merc., Acid. phosp., Arsen., Phosph., Ipec., Bryonia, Verat., Lycop., and some others.

If the symptoms which indicate the probable occurrence of a critical sweat, should be complicated by an anxious restlessness, oppression of the chest, panting breathing, short cough, pains in the limbs, alternation of shuddering and sweat, etc., these symptoms may be considered the precursors of a *rash* which, if the symptoms should be too violent, may frequently be prevented by Acon., Ipec., Bryo., Ars., Merc., each remedy to be administered in accordance with the indicating symptoms. Sometimes, however, it may be deemed advisable to favour the outbreak of the sweat, this result may be accomplished by Puls., Bryo., Cham.,

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Arsen., Acid. phosp., Rhus, Staphys., and Sulphur, according as each remedy may be indicated.

§ 7. The *critical urine* is likewise seen in homœopathic treatment and is a so much more favourable symptom than critical sweat as it is not accompanied with phenomena denoting a violent irritation of the organism. It has been frequently observed that a critical urine makes its appearance even after the most minute doses of a homœopathic specific, showing that the reactive powers of the organism are constantly engaged, during a well-regulated treatment, in removing the disease and that these favourable critical changes are not accomplished by large doses of medicine. The precursory signs of a critical urine are: slight burning and pressing in the urinary passages, weight, drawing and tension in the lumbar region, increased desire to urinate, increased dryness of the skin, and increase of thirst, all these being symptoms which do not necessarily require a change of remedy. At first the urine exhibits a light cloud on the top and in the middle of the chamber; the cloud lowers itself more and more day after day, it increases and gradually reaches the bottom of the vase, where it forms a white, slimy, yellowish, flocculent sediment, or one which is light, coherent and somewhat elevated in the middle. The sediment is so much more decisive as it settles more speedily after the emission of the urine and is more copious; it is the more dangerous the longer the urine remains turbid. In general a changeable urine is a very dangerous symptom, as it shows a deficient reaction of the organism.

The following remedies may be used in cases of changeable urine, provided the other symptoms correspond: Canthar., Colocynth., Digit., Sassap., Acid. sulp. and phosp., Dulcam., and others; when the urine deposits a mucous sediment which does not reach the bottom of the vase: Puls., Ant. cr., Natr. mur., Acid. nit., Dulc., Nux v., Senega, Sulp., Sassap. Urine with purulent sediment might be treated with Canth., Sep., Acid. nitri., Puls., Lycop., Clematis and others, [also Mercurius, Cannabis, and Uva ursi.—HEMPEL.]

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§ 8. In febrile diseases hemorrhages are favourable symptoms and may be considered critical even by homœopathic physicians, when the hemorrhage proceeds from an organ which is not injured by it, such as the nose, womb, anus, or if the hemorrhage take place in young, vigorous, plethoric subjects, affected with inflammatory diseases, and the congested organ be relieved by it from the excess of blood. Hemorrhage frequently takes place in subjects who have become plethoric by the abuse of spirituous drinks or in whom the choleric temperament predominates; or in persons in whom an habitual hemorrhage which is usually left to nature, has been suppressed by accidental causes. We frequently see hemorrhage taking place in exanthematic fevers. If the hemorrhage be too violent and exhaust the patient, if it proceed from the nobler organs, the lungs, stomach, bladder, if the blood itself be decomposed, in all such cases the hemorrhage loses its critical character and ought to be considered a dangerous symptom characteristic of a special form of fever and requiring specific remedies.

Epistaxis or hemorrhage from the nose rarely occurs suddenly; it is generally preceded by more or less characteristic complaints, such as: heat, redness, puffiness of the face, red, running eyes, scintillations and flashes before the eyes, headache, especially in the temporal region, vertigo, humming in the ears, itching in the nose, throbbing of the temporal arteries and the carotids, distension of the veins, illusion of the senses and delirium; all these symptoms denote a *congestion of blood to the head.* If the physician is able to remove those symptoms by suitable remedies why should he not do so; since he cannot know beforehand whether the hemorrhage from the nose will be of a critical nature, why should he delay treatment until the hemorrhage has actually occurred? According as the constitution and temperament of the patient, the exciting cause, the concomitant symptoms, the time of day, etc., require, he may use Aconite, Bellad., Nux, Crocus, Carbo veg., Cham., Arnica, Pulsat., China, Merc., Ranunc. bulb.,

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Secale, Sulphur, or some other remedy. If those symptoms should have been occasioned by a remedy which had been given a little while previous, in that case they have to be met by a suitable antidote.

If the hemorrhage from the nose has already set in, then one of the following remedies is indicated and ought to be selected in conformity with the existing symptoms: Aconite, China, Arnica, Bryon., Pulsat., Ignat., Crocus, Bellad., Carbo veg., Sulphur, and a few more. If the hemorrhage from the nose continue, and great weakness, fainting fits, collapse and other symptoms of depletion make their appearance, it is perfectly proper, even for a homœopathic physician, to make cold water applications to the genital organs. If the blood be entirely decomposed, Kreosot, China, Conium, Rhus, Arnica, Carbo veg., Ferrum acet., Nitri. acidum and Acidum sulphuricum may be of use, each remedy to be given in accordance with the concomitant symptoms.

A similar treatment is adopted by the homœopathic physician in *congestion of the womb* and *hemorrhage from that organ.* The congestion of the womb is recognised by the fulness, tension, uncomfortableness, the dull and painful drawing along the groin to the ossa pubis; by the peculiar tension in the lumbar region; by the sensation as if the os sacrum had not sufficient firmness. These symptoms are frequently accompanied by a burning warmth in the internal sexual organs, by a pressing in those organs as if every thing would fall out; the lips of the vulva are tumefied and there are occasionally symptoms of nymphomania. The symptoms of congestion of the uterus occur most frequently in those fevers which arise from the sexual organs; hence they occur most frequently during confinement, after suppression of the menses, or when the sexual organs are very irritable, or the uterus and vagina are varicose. Symptoms of congestion of the uterus may likewise occur when disturbances of organs which have a sympathetic relation to the sexual system, are accompanied by febrile symptoms involving the uterine

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system by sympathy, for instance affections of the breasts, or of neighbouring organs, in gastric and hæmorrhoidal fevers, or in fevers depending upon congestions in the portal system. It is scarcely necessary to state that the exciting cause of the disease and the disease itself have to be considered in selecting a remedy, nevertheless we may direct the attention of the practitioner to the following remedies when the congestion of the uterus is characterized by the above mentioned symptoms: Belladonna, Hepar sulp., Plat., Sulphur, Mercurius, Nux, Bryon., China, Ipec., Crocus, Murias magnes., Calcar., Carbo veget., Sabina, Ferrum, Secale corn., Ignat., and Thuja.

If the hemorrhage is inconsiderable or if it occurs at the regular period of the catamenia and affords relief to the patient, she does not require any new remedy; but if the hemorrhage should increase to a metrorrhagia, the following remedies deserve particular consideration: Crocus, Cham., China, Ipec., Platina, Ferrum, Millefol., Hyosc., Stramonium, Bryon., Ignat., Sabina, Secale corn., Sulphuric acid, Phosp., Calc. carb., Nux mosch., Ratanhia (and the tincture of Cinnamon,—Hempel). It is always understood that each remedy should be administered in strict accordance with the symptoms.

The so-called critical hæmorrhoidal flux is likewise preceded by symptoms of congestion which determine the remedy to be selected; these symptoms are: pain in the small of the back as if it would break, and as if there were no power in it; desire to evacuate the bowels and bladder; burning and itching of the anus and of the hæmorrhoidal tumours. If those symptoms occur in fevers, the following remedies may be employed: Nux, Bellad., Ars., Sulphur, Mercur., Ferrum, Ignat., Pulsat., Phosp., Lycop., Caps., Carbo veg., Acid. mur., Acid. sulp., and Acid. nitr. A very troublesome and exhausting symptom in congestion of the anus, is the excessive burning pain of the hæmorrhoidal tumours. That pain is generally caused by an inflammatory condition of the swollen tumours. I have frequently succeeded in relieving it, at least for a few

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moments, by repeated smelling of Aconite, without disturbing the action of the principal remedy.

In flowing hæmorrhoids the above mentioned remedies require to be principally employed.

§ 9. As regards the *critical discharges from the bowels* (critical diarrhœa), these ought never to be left unnoticed in the selection of a new remedy. It is impossible to point out with unerring certainty those remedies which will prove the most efficient in those various kinds of diarrhœa for which the organism may be predisposed by a variety of diseases, especially diseases of the abdominal organs. Nevertheless we will mention some of the principal remedies, reserving to us the privilege of speaking of them more in detail when we shall treat of the special treatment of diseases.

§ 10. The same remarks which we have offered on the critical diarrhœa, apply to the so-called critical vomiting. This change which is considered critical by allopathic physicians and which is ushered in by a dirty coating of the tongue and a tensive oppression in the præcordial region, by frequent eructations, inclination to vomit, nausea, great restlessness and anxiety, frequent shuddering and cold sweat, and an irregular and intermittent pulse, requires the employment of a specific remedy. This symptom occurring mostly in gastric, bilious, and pituitous affections, for which Nux, Bryon., Pulsat., Antim. crud., Colchicum, Hellebore, Platin., Secale corn., Cuprum, Veratr., Tart. emet., Ipec., Arsen., Asar., are the best remedies, it is not to be wondered that precisely those remedies should be so efficient in arresting the vomiting together with the disease.

§ 11. An increased secretion of mucus in the lungs after an inflammatory or catarrhal affection cannot always be prevented, even under the best treatment. That secretion is owing to the morbid condition of the mucous glands, occasioned by the previous inflammation. No matter what shape or colour the *expectoration* may assume, ball-shaped, thick, coherent,

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yellowish-white, or whether it be considered critical or otherwise, it will be necessary to remove it by suitable remedies, lest a chronic affection, weakness, etc., should be entailed upon the lungs or trachea, which must necessarily be the case if the expectoration is suffered to remain too long. Puls., Dulc., Squilla, Senega, Ipec., Bryon., Stannum, and others, are the principal agents for the removal of such an expectoration.

§ 12. *Critical ptyalism* is one of the least frequent phenomena occurring in fevers. It is seen in several kinds of typhoid fever, smallpox, rash or quinsy, and in other diseases where glandular organs are affected. The precursory symptoms of ptyalism are said to be pain behind the ears, difficulty of swallowing, confluence of saliva in the mouth, other excretions being suppressed for the time. Those symptoms indicate one of the following specifics:—Bellad., Hepar sulp., Sulphur, Mercurius, Dulcam., Acidum nitri., Tart. emet., Cantharides, and others.

The critical changes which have been enumerated in the preceding paragraphs may generally be considered favourable if they occur at a period of the fever which has the character of a critical period, if they are accompanied by an essential alleviation of the symptoms, or if they do not depress the vital energy; or lastly, if the critical reaction of the organism cannot be ascribed to other causes. Under homœopathic treatment that critical commotion of the organism may be occasioned by too large a dose of the homœopathic specific, and would not have occurred if the dose had not been too large.

§ 13. It is just as important for a homœopathic as it is for an allopathic physician to know the *general remote causes* of fever; without that knowledge it is scarcely possible to establish a correct diagnosis, and to treat the disease successfully.

The exciting causes of fever are very various; constitution, sex, age, mode of life and occupation, the natural evolutions of the organism, may be such

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causes; physical exertions, injuries and wounds, internal inflammations, suppurations and ulcers, etc., may likewise occasion fever.

Fevers may be caused by external influences not depending upon any innate morbid disposition; such fevers are a kind of poisoning of the organism, and may be considered epidemic and contagious. Such external influences are:

(1.) *The atmospheric air.* In spring, for instance, when the weather is liable to sudden changes, and a warm atmosphere frequently alternates with rain, wind and cold, catarrhal and rheumatic fevers are predominant; in the summer, when the energy of the body is depressed by hot and sultry weather, and the digestive and assimilative powers are weakened, the organism is predisposed for bilious and gastric fevers; in the fall the sudden succession of warm days and cold nights predisposes man for pituitous, typhoid, putrid, and other kinds of dangerous fevers; in the winter season, fevers have generally an inflammatory character, occasioned by the cold, dry, raw, and cutting air. Epidemic malignant fevers generally cease in that season. An atmosphere filled with electricity, gases, and with the vapours arising from marshes, is likewise favourable to the occurrence and development of fevers. If the weather which generally prevails in the different seasons, deviate greatly from its usual state, the character of the fever is, of course, correspondingly modified. Lastly; fevers are more or less influenced by the stars, which affect organized bodies either directly or indirectly, by means of causes or conditions controlled by the influence of the heavenly bodies. The state of the weather, for instance, which has the greatest influence on the animal organism, is regulated by the heavenly bodies. Who does not know the influence of light, heat, sun and moon, upon all organic beings?

(2.) *Contagia* and *Miasmata.* Among these may be numbered poisonous influences arising from decaying plants and animals, exhalations of plants and animals in close rooms, becoming deleterious on ac-

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count of not being replaced by fresh air. If one man in such rooms is attacked with fever, all the others are. It is an established fact, that the first cases of fever are occasioned by the epidemic miasm; but in the patients who are first attacked with the epidemic fever, a contagious principle is afterwards engendered capable of propagating the disease, so that contagium and miasm support one another.

(3.) *Passions* and *emotions*, fright, anger, joy, intoxication, disturbance of the mind by anxiety, surprise, etc., and in general violent concussions of the body, may occasion fevers. Anger may occasion a bilious fever and inflammation of the brain; silent grief about disappointed love may bring on a slow typhus, and the most malignant fevers may be caused by fear, anxiety, fright, constant care and despondency.

(4.) *Derangements of the intestinal canal*, produced by overloading the stomach with things which are not hurtful in themselves; but especially by taking improper food and drinks, large portions of drugs, etc., may occasion fevers. Fevers may be excited by eating a piece of fattened goose, duck, or pork, or by eating a certain kind of fish, or rather the spawn of that fish, such as sturgeon, barbel, etc.; also by eating crabs and lobsters, oysters, clams, and mussels; by spices, herbs, roots, mushrooms; barberries, juniper-berries, bitter almonds, unripe fruit, may likewise excite a febrile sensation in the organism. Can the morbific power of spices and of the pastry prepared with spices be denied? Although we are by no means opposed to the moderate use of wine, or of a well-fermented and pure beer, and cannot chime in with those who condemn those beverages as injurious to health, yet we do not hesitate to denounce any abuse which is made of them, as well as the use of hot, spiced wine, or beer mixed with stupefying and heating herbs. All such beverages have a tendency to produce disease. Who is not acquainted with the febrile conditions which may be excited by the abuse of China, Mercurius, Sambucus, Valerian, Chamomilla, and other remedies?

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Want of those things which are necessary to sustain life.

§ 14. The general division of fever into classes is of no essential value to a homœopathic physician, as that classification depends principally upon the arbitrary disposition and the individual views of physicians. All fevers, without exception, have been classed according to that part of the system which is the primary seat of the affection, or according to their type and course; such a classification is both incomplete and insufficient in practice. In one word: there is no isolated form of fever; every fever affects primarily one or the other organ, the brain, the spinal marrow, the ganglionic system, the lungs, the abdominal organs, the skin, the mucous membranes of the air-passages, etc.; hence every fever is one of a different kind, the difference being founded both in the nature of the affected organ and in the character of the fundamental affection. Owing to the great variety of the febrile symptoms, it is impossible to class fevers according to determinate forms. The only classification possible is one of the general phenomena occurring in the various kinds of fever. Every particular group of those phenomena can easily be named by the physician for his own gratification and that of the attendants of his patient, and can easily be classed provided the organ which is affected, and the manner in which it is affected, are considered. It is scarcely necessary to state that the treatment ought not to be based upon the mere name.

According to their characters, fevers might therefore be divided into

(a.) *Synochal, sthenic, inflammatory, arterial* (Synocha; synochal reaction, according to Canstatt). This kind of fever is characterized by great heat, glowing, hot, and dry skin; accelerated, full, hard, tight, sometimes subdued pulse; distinct beating of the carotids, and temporal arteries; bright-red, frequently white-coated, and mostly dry tongue; hot breath and hot mucous membrane of the mouth; great thirst; delaying or suppressed stool; bright-red, fiery and burning

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urine, depositing a sediment. Violent restlessness; painful sensation of debility; frequently the patient experiences violent headache, especially in the occiput, sleeplessness, delirium, sensibility of the organs of sense. Glistening eyes. The phenomena of the fever scarcely ever remit.

(b.) *Synochus* (erethic reaction according to Canstatt). This is a form of fever occupying a middle rank between synocha and typhus, without inclining to either side except when the fever lasts any length of time, or when the fever patient is constantly exposed to hurtful influences, in which case the erethic form may pass over either into the synochal or the typhoid. Erethismus is characterized by moderate heat and a slight exhalation from the skin; the pulse is full, accelerated, but neither hard nor tight; the tongue is slightly coated and moist; thirst is moderate; the alvine evacuations are not entirely suppressed; the urine exhibits a slightly reddish tinge. The general strength of the organism is but slightly affected by this febrile form, which is moreover characterized by distinct intermissions.

(c.) The *typhoid form* is a peculiar affection of the nervous system, disturbing the equilibrium of the vital energies which is maintained by the nerves. In real typhus the functions of the brain and nerves are entirely prostrated; the strength of the patient fails visibly and there is a tendency to disorganizations and to decomposition of animal matter. Typhus is characterized by irregular and violent manifestations, and by illusions of the senses, muscular debility, exhaustion, but neither paralysis nor complete prostration.

Canstatt considers typhus as a variety of synocha and synochus. According to him there is another distinct form of fever, which we on the contrary consider as a termination of one of the preceding forms; this is

(d.) *Torpor*. Torpor is characterized by a collapse of all the organs; pale, cold, dry skin which is liable to break; dry and cracked mucous membrane of the mouth; frequently a disagreeable, pricking heat of the

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skin, or else cold, clammy sweats; colliquative sweats and diarrhœa; collapse of the features, faint eyes; sudden emaciation; pulse frequent, quick, empty, small, easily compressible; hemorrhage, petechiæ, ecchymosis; speedily increasing prostration of strength; excessive muscular debility, tremor, subsultus tendinum, delirium, paralysis. There is a striking opposition between the objective and the subjective symptoms; for instance, the patient's tongue is dry and yet he is not thirsty; his skin is cold and yet he complains of a glowing heat; illusory strength, etc.

With respect to their type, those different forms of fever may be divided into continuous, remittent, or intermittent, irrespective of their fundamental character. Continuous fevers are such as exhibit the same phenomena during their whole course and rage with the same intensity from the commencement of the disease to its crisis. Fevers are called remittent when they exhibit, it is true, the same phenomena during their course, but with a periodical increase and decrease of intensity. Intermittent fevers are such as are characterized by remissions of a definite or indefinite length, during which the patient sometimes appears perfectly healthy.

Fevers may likewise be divided into sporadic, endemic, epidemic, and still other classifications might be established, which, having no practical value, are here omitted. We content ourselves with recalling to the minds of our readers what has been said page 41 about the influence of the permanently prevailing, endemic or epidemic character of disease in a certain region upon any of the above mentioned forms of fever; this influence deserves the closest attention in the selection of a remedial agent and is greatly concerned in the ultimate result of the treatment.

§ 15. To establish a prognosis in fevers, is not so very easy, inasmuch as the momentary indications, which are frequently deceptive, are by no means sufficient; a prognosis which is to be well founded and to bear the highest character of probability, must be based upon a correct estimate of all the circumstances

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and of the whole image of the disease, upon a careful consideration of the constitution, disposition, age and external condition of the patient, of the state of the weather, of the season, and the simple or complicated character of the fever; a good deal of discretion is required to establish a good prognosis. Although it is impossible to foretell the issue of the fever at the very commencement of the disease, inasmuch as the practitioner cannot possibly foresee all the hurtful influences which may complicate the course of the disease and interfere with the treatment: yet the homœopathic physician, confiding in his therapeutic law by virtue of which the well-chosen homœopathic specific will act directly upon the focus of the disease and excite a corresponding curative reaction in the organism, is enabled to prognosticate with tolerable certainty the termination of the disease, provided the above mentioned conditions of a well-founded prognosis are fulfilled.

The prognosis is generally favourable, when the patient has a vigorous constitution and has led a regular mode of life; when the pulse is regular, soft, not too frequent; when the breathing becomes freer and more regular; when the nervous system is but little affected and the expression of the countenance is natural; when the general and especially the muscular strength is good; and, lastly, when the secretory and excretory functions are not interrupted.

The prognosis is unfavourable when the constitution of the patient has been weakened by former excesses or by violent diseases, when, therefore, the strength of the patient must be greatly prostrated and the reaction very deficient; when the pulse is very frequent, weak, and irregular; when the nervous system is violently affected, the patient is delirious, and the hands and tongue tremble; when there is subsultus tendinum, floccitation, hiccough. It is likewise an unfavourable symptom, when the patient remains extended on his back without ever changing his position, or when he settles downward in his bed. Unfavourable symptoms are likewise: general apathy; involuntary emission of

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urine and involuntary alvine evacuations; retention of urine; complete alteration of the expression of countenance (hippocratic countenance); convulsions; loss of sight; dropping of the lower jaw; irregular breathing when there is no particular affection of the chest; hurried, superficial breathing, interrupted by occasional sobs; difficult deglutition, or a noise when swallowing, as if the swallowed substance fell into the stomach; cold extremities, with cold clammy sweats, etc.

There remains to be stated, that the occurrence of only one unfavourable symptom does not constitute an unfavourable prognosis, but the prognosis is unfavourable when several of the aforesaid phenomena occur simultaneously.

§ 16. Fevers may terminate in three different ways. These terminations are, (a,) recovery; (b,) passage into another disease; (c,) death. The fever terminates in health when it runs through its course regularly, when the critical changes occur regularly, are duly appreciated by the physician, and are not disturbed by external pernicious influences; when the constitution of the patient has not been weakened by other causes and the more important organs have not been disturbed. We frequently notice the fact, that patients who recover from a fever, feel better after the fever than they did before. The fever passes into another disease when the favourable conditions which have been mentioned in the preceding paragraphs, do not occur. Either the whole character or only the external form of the disease is changed; or else the disease invades a totally different part of the organism (metastasis), or it assumes a new form by metaschematismus. Death is to be prognosticated when the functions of a noble organ have been disturbed, in consequence of inflammatory affections, disorganizations (a cure is frequently effected under those circumstances, by homœopathic treatment), suppuration, gangrene, or in consequence of a complete prostration of strength, and consequent cessation of the organic functions.

§ 17. It would be a foolish undertaking to indicate

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a general method of treating fevers according to homœopathic principles; it would be a useless filling up of space, inasmuch as no physician would venture to prescribe a single remedy without having carefully examined the group of symptoms to which the remedy is required to correspond. It is almost superfluous to remark that a cure according to homœopathic principles cannot be effected unless the pathogenetic effects of the remedial agent are entirely similar to the perceptible phenomena of the disease. Ebermaier says, in his Clinical Pocket-Manual: "Those physicians have been most successful in the treatment of fever who have employed the simplest methods of cure, no matter how frequently the epidemic diseases, the habitual morbid influence of a region, and the methods of treatment may have changed." Is there a simpler and at the same time more natural method of cure than homœopathy, which accomplishes so much with simple means specifically adapted to each single case.

An important object in the treatment of fever is a *suitable diet*, which we mention here generally, and to which we shall refer in our chapters on the special treatment of fever. The physician will have to exercise his own discretion in adapting it to the wants of the patient in every single case. Fever patients generally use but few things, but every thing which the patient ought to do and not to do, requires to be carefully stated.* The first thing which the physician has to attend to, is the patient's habits; these have to be duly considered in prescribing a diet for the patient. The patient ought not to be removed from a bed to which he is accustomed, nor ought he to be transported into a different bedchamber; if he has been accustomed to quiet, let quiet be preserved; if he has lived amidst noise and prefers it, let him continue the enjoyment of it; if the patient has favourite drinks, such as brandy, wine, coffee, etc., the physician has to consider the age of the patient, and the length of time during which those beverages have been his favourite and habitual

* See Dietetic Rules for the Sick, etc., by Dr. F. Hartmann, Dresden and Leipsic.

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drinks; and the physician will determine accordingly whether the patient can be suddenly deprived of them without injury. In fevers the patients do not find it very difficult to abstain from those things, as there exists generally an aversion to them.*

The *temperature* has to be carefully regulated agreeably to the feelings, habits, and wishes of the patient, and in accordance with the nature of the fever and the periods when it occurs. In fevers which are characterized by an undue degree of heat, the room ought to be kept cool, in order to avoid increasing the oppression and anxiety of the patient by an excess of artificial heat; if the fever heat abates, the temperature of the room may be elevated in proportion. The temperature of a sick room ought never to be below 25° Fahrenheit, nor above 45°; the best temperature is between 35° and 38°; if then the room appear too cold to the patient, he may have an additional covering. The air in the sick-room ought to be dry and pure. Rooms in a recently built house, or which have been recently whitewashed are not suitable for fever patients, as they are too damp and therefore make the air impure by the vaporous exhalations from the walls; the air is likewise made impure by hard-coal or peat fire, by coal burning in an open furnace, by drying linen, hard or pine wood, or by keeping in a room flowers and vegetables that have a strong smell; by fumigations with substances that are more or less medicinal; even fumigations with vinegar cannot always be admitted under homœopathic treatment, because vinegar antidotes many vegetable medicines and must therefore possess medicinal virtues. All these things have to be avoided; the lighting of a sulphur-match has likewise to be avoided lest the action of the homœopathic agent should be disturbed. A moderate degree of light, in the room, is likewise essential to the comfort and even the cure of the fever

* Some persons are accustomed to the use of things which are injurious to them, for instance the use of coffee, tea, tobacco, etc. The use of any such things is to be positively interdicted during treatment, and is to be permitted only if the patient experience pleasing effects from them.—HEMPEL.

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patient; if the eyes be very much inflamed and sensitive to the light, or if the light increase the irritation of the brain, the room ought to be kept dark.

Inasmuch as the doors of the sick-room require to be closed in order to prevent currents of air, it is important that the air should be occasionally renewed by opening the windows or by some other mode of artificial ventilation. This renewal of the air requires to be repeated in proportion as the room is lower and smaller.

§ 18. The nourishment which we permit our patient, likewise depends upon the nature of the fever. The fever patient having generally no appetite for any solid food, we need not apprehend that he will aggravate his sufferings by an error in diet; nevertheless it is important that whatever nourishment the patient does take, should be carefully selected. If he should express an irresistible desire for one or the other kind of nourishment, the demands of nature must be carefully observed, and the patient must neither be flatly refused what he desires to have, nor ought he to be persuaded to take more of it than he wants. The fever patient generally desires such kinds of food or beverage as will palliate his sufferings; the substances which the patient desires, are not so much medicinal as necessary to satisfy a want. If the cure of the disease should be retarded by the moderate enjoyment of those things the damage will be easily repaired or even outweighed by the new energy imparted to the vital forces by the homœopathic remedial agent, and by the refreshing delight and invigoration which the patient experiences from enjoying the desired food or beverage.*

The fever patient eats only when he is hungry, and no more than is necessary to satisfy his appetite. The general rule, however, is, that the patient ought to eat little and only light food. The patient will not frequently desire warm food; if he should desire any,

* See Organon, § 265 and 266.

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he may take a little warm panado, or a light broth with grits, barley, rice, sago, salep, oatmeal, oatmeal-cake. If the fever be not very violent, the broth may be a little stronger, and the patient may even be permitted a dish of light meat, venison, poultry, which is not too young, a piece of delicate beef, in company with either of the above vegetables. In proportion as the fever decreases, and the appetite of the patient returns, he may be allowed green vegetables, such as: cabbage of various kinds, savoy, cauliflower, peas, carrots, green beans, soft-boiled eggs, and the above-mentioned dishes of rice, barley, etc., with the yolk of an egg, may likewise be allowed.

The best kind of food in every stage of the fever is undoubtedly fruit. Among the apples, Spitzenberg, pippins, and love-apples, are undoubtedly the best for the patient, especially when prepared as a marmalade; he may likewise eat pears, prunes, either fresh or dried, stewed and preserved without spices; sweet cherries, grapes, strawberries, peaches, apricots, oranges, figs, melons, pineapple. Of course all those various kinds of fruit ought to be enjoyed with moderation, lest the saccharine matter which they contain should accumulate in too large a quantity and give rise to flatulence, which might become very troublesome and increase the fever. In erethic fevers, with disposition to diarrhœa, the physician will have to be very cautious in recommending the use of fruit; in many cases that use will have to be interdicted entirely.*

§ 19. The beverage of fever patients who frequently suffer with burning thirst, deserves particular consideration. It is inexpedient to give the patient no other but warm drinks, for these do not always quench his thirst. But it would be just as improper to give the patient iced water or other icy-cold drinks; a medium temperature is the best; let the drinks which the patient takes be cool, but neither warm nor icy cold.

* Raw fruit of any kind is hurtful in most cases of fever, and ought never to be allowed. I have seen violent relapses into bilious and intermittent fever occur in consequence of the patient having eaten a piece of raw apple.—HEMPEL.

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The reviewer of the first edition of this work disapproves of water which has not been drawn fresh from the well; he thinks that fresh water is the best beverage for the patient, and will refresh him most, provided it is given by the spoonful. Fever patients sometimes will require more than a spoonful of a drink, in which case the icy-cold water would not be a suitable drink. The water which the patient drinks in the winter-season ought to have been standing in a warm room for several hours. If the physician were to permit his patient the unlimited use of icy-cold water, and the patient should die, this sad result might be attributed to the use of that liquid, whereas the use of moderately cool water will not be hurtful to the patient, if the homœopathic remedy have been otherwise well selected. The use of icy-cold water, which is insisted upon by cholera patients, is in their case an exception to the rule, which cannot be made a law for all fever patients. It cannot be decided beforehand when and how much the patient is to drink; this depends upon the violence of the fever and upon the wants and desires of the patient; it would evidently be cruel to let the patient suffer thirst. If the patient be deprived of his senses, and the dryness of the lips and tongue and the frequent licking indicate an intense thirst, the attendants ought frequently to offer the patient drink. When the patient is thus panting after a little refreshment, he may occasionally be given a teaspoonful of a mixture of orgeat and the juice of cherries, mulberries, or sweet oranges. This compound is extremely refreshing, and does not injure the effects of the medicine. It is proper never to allow the patient too much drink at once, but little at a time and frequently.

The best drink is pure spring water. This is the best drink to quench the thirst. If the patient should get tired of the pure water, it may be boiled (which ought especially to be done if the water cannot be had pure), after which it is to be cooled again, and a slice of toasted bread or rusk to be soaked in it; or the water may be boiled together with the toast, and afterwards

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filtered through a piece of linen. This liquid may be sweetened with sugar, raspberry, cherry, althea, mulberry, or apple-juice; the yolk of an egg may be added, or a refreshing lemonade may be prepared out of it by dropping a few drops of the juice of an orange or that of fresh grapes into the liquid. Whether lemonade made of lemon-juice can be allowed depends upon circumstances, and has to be left to the decision of the physician. Decoctions of dried apples, cherries, and prunes, are likewise pleasant and allowable.

The next drink, after water, is boiled milk, which cannot be used, however, in all kinds of erethic fever, without injuring the patient. The same observation applies to buttermilk, which, although generally pleasant and useful, yet has to be used with great caution in gastric and pituitous fevers. The patient may likewise use the so-called white German ale.*

Oatmeal gruel, rice, and barley-water, and other slimy decoctions of a similar kind, are likewise very agreeable; also decoctions of both fresh and dried fruit, orgeat made of sweet almonds; malt-drink, prepared by pouring over three or four tablespoonfuls of malt a quart or three pints of boiling water; and various other decoctions.

Moreover, the patient may use broth, a light warm beer without spices, an infusion of roast and ground cocao, chocolate without spice, and an infusion of althea, with or without a little liquorice.

§ 20. Mental and physical quiet is an important requisite for the successful treatment of fever. The patient has to be on his guard against vehemence, or against emotions of any kind, on which account it is advisable that no one but the necessary attendants should have access to the sick-chamber. Hope and confidence are the only emotions which exercise a soothing influence on fever patients.

§ 21. Quiet sleep being very desirable to the fever

* This is beer made of pure malt, which has fermented in the open air; it is a mild and pure beverage, and does not affect the brain. The patient may use it diluted.—HEMPEL.

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patient, all unnecessary attendance in the sick-room ought to be avoided, nor ought the frequent closing and opening of the doors to be tolerated. The patient ought to rest upon a mattress, and be covered with a light quilt.*

§ 22. Cleanliness and proper clothing deserve great attention in fevers. However much the bulk of men may be prejudiced against washing the hands and face of a fever patient with tepid water, this is no reason why the homœopathic physician should conform to that prejudice. After being washed with tepid water the patient feels invigorated and refreshed. If the exhalation from the skin be very considerable, it is even necessary that the whole body should be washed with tepid water every three or four days, observing the precaution, however, to dry the body immediately. The cure is promoted by a frequent change of linen; if the patient perspire a good deal, his linen ought to be changed several times a-day, always observing the usual precaution. The patient ought never to have on too much covering, lest an unnecessary perspiration should be induced. In order that the patient may not be obliged to have his breast constantly covered with the bed-cover, and may be allowed to keep his arms upon the cover, he ought to wear a vest over his night-shirt, which is to be made of cotton in summer, and of wool in the winter.

SPECIAL PATHOLOGY OF FEVERS.

FIRST CLASS.

FEVERS AFFECTING PRINCIPALLY THE CIRCULATORY APPARATUS.

§ 23. *Synochal* or *simple inflammatory fever.*

A better knowledge of human diseases and an almost boundless experience have convinced modern physicians that a pure synochal fever either does not

* The Germans are in the habit of using feather-beds as a covering, which ought not to be tolerated in the sick-room, except when the patient complains of excessive cold, in which case a very light feather-bed may be used.

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exist, or at any rate that it does not exist long without affecting a special organ, and that it occurs especially as an accompanying symptom of inflammation. Not being an idiopathic disease, it is not subject to any fixed therapeutic rules. We have long meditated on the subject whether a pure synochal fever ought to be mentioned in a work on pathology. In treating of the special diseases we found ourselves frequently obliged to repeat certain general remarks, and we therefore concluded to devote a few pages to the pathology and treatment of that class of fevers, in order to be able to refer to that chapter whenever occasion should require. The synochal fever occurs not only as an accompanying symptom of inflammatory diseases, but also in young, vigorous, plethoric subjects, after wounds, burns, etc., in the shape of a febris irritativa, and as such requires the attention of the physician. The simple, benign, acute, ephemeral fever requires no medical treatment, except when the fever assumes a different form in consequence of the reaction of the organism having been interrupted by the indiscreet conduct of the patient. Another fever arising from an irritation of the organism, is the fever of dentition, which is more closely related to a synochal fever than is any other kind of fever.

According to Schœnlein the synochal fever is of the species of phlogosis; he places it under the head of arteritis and phlebitis. Our opinion is that Schœnlein's view is confirmed only in a few cases, and that the synochal fever is scarcely ever sufficiently developed to deserve the appellation of either arteritis or phlebitis.

All the symptoms of an inflammatory fever show that the irritable sphere is principally affected, the heart and the blood vessels are irritated, their power being apparently increased, and the temperature of the body being considerably elevated. The nervous system and the digestion are less affected, hence it is that the sensations of the patients are correct, definite and clear, and that he is fully conscious of his complaints and feels his sufferings intensely. When the

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cerebral irritation is considerable from the very commencement and the delirium is more continuous, there is ground for apprehending a typhoid fever.

The fever commences with a violent chill, followed by continual heat, the pulse is hard, full, accelerated, not easily compressible, the tongue is dry, slightly coated, and the skin is dry; the dulness and heaviness of the head, which exist in the commencement of the paroxysm, soon pass into an aching and pulsating pain, especially in the forehead; the face becomes red, hot, the eyes shining, and, in sensitive subjects, the erethism increases even to spasms and delirium. The breathing is hurried, anxious, the breath hot and dry; the arteries throb, the secretion of urine is diminished and the urine itself is red and fiery; the thirst is excessive. The restlessness and anxiety increase, alternating with interrupted slumber and stupor. The appetite disappears, but the heat and dryness of the mouth occasion an increasing desire for cold water. Perspiration affords relief, but the skin is generally dry and hot. The symptoms are worse in the evening; their violence begins to abate after midnight, and is least in the morning.

A general inflammatory fever seldom exists without some local inflammation, especially when there is a congestion of blood to a special organ in the commencement of the disease, in which case the pulse is contracted, small, but hard. These fevers are frequently accompanied by bleedings, especially from the nose, which, however, afford a good deal of relief.

Synochal fevers seldom last long unless they have become complicated by the supervention of some other affection, or have passed into a different form of fever; they frequently terminate after a short duration by a critical sweat, and a turbid urine depositing a sediment.

§ 24. The prognosis of an inflammatory fever is favourable. Such a fever is never fatal of itself. It may become so, however, by passing into another disease or by terminating in exhaustion, which is the case when the fever becomes complicated with in-

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flammation of a noble organ, of the veins or arteries, or when a typhoid condition supervenes. In giving a prognosis the physician has to consider the peculiar character of the disease in the case of his patient, and the individuality of the latter.

Among the exciting causes we may notice the following: the tendency to epidemic diseases and the peculiar character which diseases are disposed to assume, more particularly in spring and winter when north-westerly winds prevail; the excessive use of stimulating and heating food, producing a corresponding excess of animal life; suppression of the activity of the skin and of other secretions, échauffement, violent exercise, abuse of spirituous drinks, contagia, wounds, burns, dry and cold air, not to forget violent emotions, such as fright, fear, chagrin, anger; or the violent irritation which children suffer during the period of dentition.

§ 25. In treating these fevers we have, in the first place, to consider their character and course. At the commencement of the fever, it is not very difficult to select a remedy. The business of the physician is to allay the fever before the local inflammation has developed itself. There is no better remedy to allay the fever than Aconite. The physician is scarcely ever sent for during the chill, as it is supposed that this chill, which sets in suddenly and without any precursory symptoms, is a merely transitory symptom the end of which ought to be awaited first before sending for a physician. If the physician were sent for during the chill, it would not be advisable that he should administer a remedy before the second stage has made its appearance; for in that stage it is much easier to select a remedy, inasmuch as the symptoms of the case have become more numerous and more characteristic. In general it is not advisable to exhibit the homœopathic remedy during the chill, as we have abundant evidence of the fact that, by so doing, the disease is considerably increased.

The essential sphere for the action of Aconite are the erethic fevers, the inflammatory erethisms of the

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vascular system, and the first stage of catarrhal, rheumatic, and traumatic inflammations; hence that sphere extends from the simple ephemeral erethisms up to the synocha, and from the simple catarrhal and rheumatic fever up to the most intense phlogosis, without any marked local affection. Aconite is a true universal remedy, our most charming antiphlogistic, superior to venesection, leeches, and cupping; it cures without depletion, and in a much shorter time than those violent means which weaken the organism and reduce its vital energy. Any one who is acquainted with the physiological effects and the true character of Aconite, must certainly know from experience that Aconite can only do good in the sphere of action which we have assigned to it, provided the dose is proportionate to the susceptibility of the patient's organism and the intensity of the disease. Aconite is a specific remedy in inflammatory fevers with congestion to the chest or head, the pain which the patients suffer, appears intolerable to them, they are exceedingly nervous and restless; this is especially the case with young, lively, plethoric subjects leading a sedentary life. Aconite is especially useful in fevers which are occasioned by raw north-westers or by a current of air, and which are characterized by the following symptoms: great general heat, especially about the head and face; vivid redness of the cheeks, great thirst, stinging, beating headache and excessive painfulness of the whole head, vertigo and nightly delirium, restlessness, moaning, anxiety, tossing about in consequence of the limbs feeling bruised and paralyzed; alternation of chilliness and dry, burning heat, with shortness of breath and dry, hacking cough; intolerance of noise, ill humour, despondency even unto weeping; glistening eyes, roaring in the ears, great irritation of all the senses; dryness of the lips, mouth and tongue; hasty and tremulous speech, burning unquenchable thirst, bitter taste with empty eructations and with a qualmish feeling in the pit of the stomach; scanty secretion of a highly-coloured, hot urine.

The dose should be adapted to the age and constitu-

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tion of the patient. In the commencement of the disease, and in young and delicate patients, the higher attenuations are sufficient; full-grown, vigorous patients, and the later periods of the fever, require stronger doses, sometimes even a drop of a lower attenuation. This kind of fever generally resolves itself into a sweat, which is extremely salutary and beneficient in those affections, and is so much more decisive as its appearance has been speedily induced by the homœopathic agent. It is highly improper to elicit the sweat by artificial heat, whether externally or internally applied. The best means to cause the sweat to break out is a suitable dose of Aconite, which may be repeated at proper intervals and whose action may be assisted by giving the patient as much cold water as he desires. If the sweat breaks out, and the urine becomes more watery, the fever is broken and no farther medication is required.

If the synochal fever be merely an accompanying symptom of a local affection, our first duty is to moderate the fever, unless we know a remedy which covers both the fever and the local affection. Even in most of these cases, Aconite is the principal remedy, corresponding both to internal inflammations and to inflammatory cutaneous diseases. We refer the reader to the second division of the first volume, where both classes of diseases are treated in detail.

There are several other remedies, besides Aconite, which may be used for the cure of synochal fever, but they are much less important than Aconite, and can only be employed when the fever assumes a particular form from the commencement, when it is not very violent, when the orgasm is confined to certain regions, and when secondary symptoms occur. The principal remedies, next to Aconite, are: Bell., Bryon., Mercur., Canthar., Cham., Arnica; other remedies which have been placed in the same category with the preceding, do not properly belong here, as they are given in diseases where the fever is merely a sympathetic affection.

Belladonna is the principal remedy, and ought to be

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given after Aconite, in cases where the cerebral system is principally affected, and the following symptoms occur: burning heat, especially of the head and face, the latter being red and puffed; strong, quick, full pulse, violent burning thirst, intense delirium, especially at night, vertigo and aching in the forehead as if it would burst; red, shining eyes, anxiety and restlessness, and tendency to start.

Bryonia is indicated when the orgasm of the blood is principally confined to the organs of the chest, accompanied with great erethism of the vascular and nervous system; burning, dry heat mingled with chills, violent thirst, headache as if the whole contents of the head would issue through the forehead, anxious sleep, disturbed with moans, short cough and oppression of the chest. In a synochal fever of that sort gastric symptoms frequently supervene and change the synocha to a synochus; for many complications of that kind Bryonia is likewise the specific.

Mercurius acts similarly to Bryonia, with this difference, that it is not so much indicated by local symptoms as Bryonia, and it is principally required in inflammatory fevers characterized by erethism of the nervous system, a disposition to profuse sweat, an accelerated, irregular pulse, and excessive thirst with desire for icy-cold water. These symptoms are accompanied by dulness of head, and a pressure in the parietal regions from within outwards, undulations and beatings in the sinciput. The supervening gastric-bilious symptoms likewise indicate a complication or rather the transition of the pure synochal into a gastric fever, for which Mercurius is likewise a specific.

Cantharides are indicated in violent burning fever, especially at night, with accelerated, strong pulse, general redness of the skin, violent thirst and dryness of the mouth, accompanied by painful sensations in the right side of the body, great anxiety, delirious talk about business, etc.*

Neither Cantharides nor Chamomilla can be said to

* Especially when there is a frequent desire to urinate.—HEMPEL.

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be indicated in pure inflammatory fevers; the fevers for which those remedies are indicated consist rather of attacks of heat having the character of a synochal fever; the fevers indicating Chamomilla are characterized by heat mingled with occasional chills, by bright redness of the cheeks, tremulous and anxious palpitation of the heart, great irritability of temper and excessive sensibility of all the senses, etc. Chamomilla corresponds especially to those fevers which have been occasioned by anger and chagrin (giving first, however, a few doses of Aconite), and are generally accompanied by spasmodic symptoms.

Arnica corresponds only to such inflammatory fevers as have been occasioned by contusions, tearing of muscles, and wounds of any kind; the violence of the orgasm requires in the first place to be moderated by Aconite. If the injuries are very considerable, dilute tincture of Arnica may be used externally, in the shape of a wash or a poultice.

§ 26. *Fever of dentition.*

The cutting of teeth is no disease of itself, but a natural occurrence in the period of evolution. It is a stage in the physical development which marks at the same time the commencement of the intellectual life of the child. At that period the child begins to utter articulated sounds and to exhibit signs of rationality.* Life, in this period, is liable to the same dangers as in the other periods of development. If the irritation produced by the cutting of teeth be very violent, which will generally be the case when several teeth are cut together, a febrile condition is induced resembling so closely a synochal fever that we deem it expedient to speak of it as belonging to that class of diseases. In order not to scatter the various ailments occurring during the period of dentition, through separate parts of this work, we shall describe them all in this chapter.

* The great French philosopher, Charles Fourier, author of the Doctrine of the Universal Association of Capital, Labour and Talent, says, in his great work on that subject, that the period of dentition is the time when the soul truly conjoins itself to the body; previous to that time the organism merely vegetates and exists from the same general vital principle that sustains the life of the planet.

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Not all the morbid phenomena occurring during the period of dentition, are directly occasioned by the rupture of the gums; these phenomena as well as the teething itself are developments which belong to one another, and are characteristic signs of a new period of life upon which the child has entered; the child's individuality becomes more marked and the child is less dependant on the mother. Upon reviewing the whole life of man we will find that every new period of life is characterized by striking bodily phenomena, in which not only the nervous system but also the mind is interested more or less, in such a manner, however, that neither the physical nor the mental phenomena can be said to be either essential or accidental, primary or secondary.

The same remark applies to the cutting of teeth and to the phenomena accompanying that process. These phenomena are at times of a nervous, at times of a febrile nature, sometimes they are mixed. But whether nervous or febrile, they, as well as all other infantile diseases, are easily recognised by the parents or the physician, and the symptoms are generally so well marked that it is much easier to select a specific remedy for the diseases of children than for those of full-grown persons, which may partly be owing to the children's mode of life being much more simple than that of full-grown persons.

The phenomena of teething occur in the period from the fifth to the fifteenth or sixteenth month. The border of the jaw which requires to be pierced, gradually enlarges and becomes indented as it were, the child's mouth fills with water, the hand is frequently and quickly carried into the mouth, or hard substances are pushed into it to bite them, the mouth is hot, the child does not like the inner mouth to be touched, utters frequent and sudden cries as if in distress; the gums are swollen, whitish, especially so along the edges, as if a tooth were shining through, they become hot and painful. These symptoms are most frequently accompanied by diarrhœa, which, however, is a natural derivative means, and the best pre-

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ventive against fever, cerebral affections, spasms; in some cases constipation occurs instead of diarrhœa; fever, cutaneous eruptions, heat of the head, cough, rattling, difficult respiration, spasms, convulsions, inflammation of the brain or lungs, may likewise occur.

In order to be able to judge correctly whether the phenomena accompanying dentition constitute an essential portion of that process in the case which we are called upon to treat, the physician ought to possess a correct knowledge of the course and the character of the teething process. It is of course to be presumed that every physician possesses that knowledge; however, in order to be complete, we will give a short description of the phenomena of teething in the subjoined paragraph.

The teeth begin to be formed a few months before the child is born. The tooth forms by a process of crystallization out of a jelly-like substance contained in membranous sacs in the jaws. The formation of the teeth generally commences in the fifth month. This is the internal development of the tooth which is not perceptible to the senses, its internal growth, extension in every direction and consequent nervous irritation. First appears the middle pair of the incisors; the outer pair appears later; the first molar teeth are cut towards the end of the first year; the cuspidati at the end of the second year, and lastly the second molar teeth. The more regular, successive and retarded the cutting of the teeth, the less are the sufferings of the patient. The corresponding teeth on both sides are not cut at the same time, generally the lower teeth are cut first.—The symptoms abate and then recur again at intervals, they cease entirely as soon as the tooth is cut, increase in violence if the cutting do not take place, and frequently become fatal, convulsions, apoplexy and suffocation supervening.

§ 27. The ailments occasioned by a natural dentition do not require any medicine; parents who are disposed to be very anxious, might perhaps be desirous of having some medicine given to their children. The erethism which generally accompanies dentition

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is most easily subdued by a few doses of Coffea cruda. This remedy may however remain without any effect if the mother or the child should have been in the habit of using coffee as their daily beverage. In such a case Aconite and afterwards Chamomilla would deserve the preference. A flow of saliva, loose stool or diarrhœa, which generally accompany the cutting of teeth, do not require any treatment; those symptoms disappear as soon as the cutting is accomplished.

Children in whom the irritation consequent upon dentition, continues for a long time, and who lose strength or flesh in consequence of it, are relieved by a few doses of Calc. carb., which ought to be given at tolerably long intervals; this remedy is generally sufficient to remove all the troublesome symptoms accompanying teething without any other remedy being required afterwards.

Teething is sometimes accompanied with a febrile condition, appearing and disappearing at intervals, and constituting a sort of synochal fever, the paroxysms of which recur every day. This is the real fever of dentition, and deserves especial consideration when it occurs in plethoric, fleshy children, in whom it inclines to become a local affection. This fever is treated as every other affection, except that the successful treatment of that fever requires the utmost regard to the irritability etc. of the patient, which is uncommonly increased at that period of life. All the diseases which occur during the period of dentition, as well as the morbid phenomena accompanying dentition, require the utmost care on the part of the practitioner. All that the physician can do is to subdue the irritation of the various systems, and the disease is thus frequently cut short in the most striking manner.

Aconite is the best remedy, by means of which that irritation is accomplished. In general, this remedy is of great importance in the diseases of infancy, where the least vascular erethism is easily increased to a synochal fever, on account of the greater activity prevailing in the vascular system previous to the development of the organs being accomplished. No remedy

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is better adapted than Aconite to allay that fever; in cases where the febrile orgasm had been prepared and increased by the daily use of coffee on the part of the mother and the child, Aconite is indispensable prior to any other remedy.

The slighter degrees of increased irritability in the vascular or nervous system, indicated by an increase of temperature; thirst, sudden screams and grasping at the mouth, startings during sleep as if in affright, etc., are sometimes relieved with Coffea or Aconite, Chamomilla or Nux; Coffea and Chamomilla are especially indicated when the symptoms of a morbidly irritated sensibility prevail; Aconite is preferable when the principal irritation exists in the vascular system; Nux is the best remedy when those symptoms are accompanied with a short and dry cough and costiveness. If the excessive irritability and sensibility of the nervous system is accompanied with great sensitiveness to the pain occasioned by the breaking of the gums, with thirst, heat, and redness of one cheek, and sweat about the head, especially with a catarrhal cough, hoarseness and rattling of mucus in the trachea, in that case no remedy surpasses Chamomilla. Chamomilla is likewise the best remedy when the child has been brought up without the breast, and the fever is continuous, and accompanied with great agitation of the nervous system, as manifested by anxiety and restlessness, starting on hearing anything fall, or upon hearing the least noise, starting without afterwards being able to compose one's-self, convulsive twitchings of the limbs while falling asleep.

If Chamomilla should not be sufficient, if the patient be plethoric and fleshy, if the symptoms be worse in the afternoon or at night; if, for instance, convulsions or spasms be renewed by the least contact; if the child's limbs or head be very restless and in constant emotion; if the sleep be interrupted by screams, moans, convulsions or jerks through the whole body resembling electric shocks; if the patient suffer violent, burning heat, great thirst; if the skin be red, the limbs tremble; if there be anxiety, a short, quick, noisy

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respiration, visible oppression of the chest, red eyes; in this case no remedy is better adapted to the symptoms than Belladonna.

§ 28. Although we shall afterwards treat in detail of spasms and convulsions, yet we will here make cursory mention of the epileptic fits which sometimes occur during dentition. To the convulsions occasioned by teething we have already alluded in the former paragraph. In many cases we observe, at first, the same symptoms as have been indicated in the preceding paragraph; in other cases the precursory symptoms are diarrhœic stools for several days; in others, again, the fits are preceded for a few days by great paleness of countenance, faint eyes almost without any lustre, little appetite; the child rests its head upon the shoulder of the nurse, and wants to lie down all the time. As long as these indefinite symptoms prevail, Chamomilla is the best remedy, by which more serious accidents are sometimes averted. If these precursory symptoms be left unheeded, the epileptic fit frequently sets in with great force: for a few minutes the child lies in a state of rigor, rolls its eyes, distorts the features, is attacked with convulsions, tossing of the limbs, clenching of the thumbs, the whole body bending backwards and sideways; the breathing becomes wheezing and rattling, with foam at the mouth, and vivid redness and puffiness of the countenance; in short, all the symptoms of an epileptic fit set in, lasting from a few minutes to half an hour, after which the child, evidently suffering with congestion of the brain, falls into a sopor, at the termination of which the convulsions either return immediately or after a short interval. Although no fever may be present when the fits first commence, yet it appears shortly after, as a secondary affection, in the shape of an inflammatory typhus; this, however, is not to be regarded as the principal affection, although a remedy ought not to be chosen without due regard to the febrile symptoms.

Belladonna is probably the best specific against an attack as described above, especially when the chil-

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dren start from their sleep as in affright, cast anxious looks around them, or stare at an object with wild eyes and dilated pupils, all the muscles of the body being spasmodically stretched, the whole body being in a state of rigor, the forehead and hands burning hot, and, in some cases, involuntary discharges of urine taking place.

An excellent remedy in that disease is Ignatia amara, which has been used with great success by most homœopathic physicians. The fits which correspond to Ignatia are generally preceded by precursory symptoms which are not as clearly marked, it is true, as those indicating Belladonna, but are sufficiently characteristic to point to Ignatia. The moral symptoms are especially characteristic: the children are headstrong and irritable, are not satisfied with anything; they are peevish and out of humour, and cry when the least thing they ask for is refused; those symptoms are sometimes accompanied with sudden flushes of heat over the whole body, red cheeks, burning ears, absence of thirst; besides all this, the children are very unmanageable. These premonitory symptoms sometimes exist for many days, until the fit sets in suddenly with suffocative anguish, foaming at the mouth, rigor of the neck, reclining of the head, redness of the face, distortion of the eyes, loss of consciousness. Sometimes such a fit sets in without any premonitory symptoms, and without any apparent cause, except that the children had been naughty, and, after having been punished, were laid to bed; this is generally a bad practice.

Next to Ignatia, Ipecacuanha is the best remedy. Ipecacuanha is preferable to Ignatia when the fit arises from overloading the stomach with pastry. The precursory symptoms of the Ipecacuanha fit, accompanied with symptoms of teething, generally resemble those of dyspepsia and the ailments arising from it; permanent characteristics of that condition are: paleness of countenance and cool skin, violent cries, and grasping at the mouth. The true Ipecacuanha fit is distinguished from the Ignatia fit by the following symp-

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toms: extension and rigor of the whole body, occasionally interrupted by spasmodic jerks through the arms; constant spasmodic motion of the facial muscles, in which the lips and eyelids are involved.

We have to mention one other remedy which is frequently indicated against epilepsy, especially when the fit was occasioned by fright, and consecutive fear. The Opium fits—for that is the remedy—commence with a convulsive, spasmodic trembling of the limbs, which is interrupted only by jerks of the body and twitchings of the limbs, accompanied with a croaking scream, and giving way, after a while, to a soporous state, during which the child snores with an open mouth, and from which the patient cannot be roused. The Opium fits only appear at night; this is characteristic.

Besides the above-mentioned remedies, the following remedies may be used for epilepsy. which will be described in detail when we come to treat of that disease: Cina, Rhus, Arsenic, Cuprum, Calc. carb., Causticum, Arnica, Hyosciam., Stram., Cicuta, Secale c.. Stannum, Zincum, and others.

There is another kind of epilepsy to which those children are liable who are nursed by females addicted to the use of spirituous drinks. That kind of epilepsy likewise occurs during the period of dentition. It yields to a few doses of Nux, provided the nurse abstains from the use of spirits, or, if this should be impossible to her, weans the child. That kind of epilepsy is perhaps more dangerous than any other, because the organism of the child is entirely ruined by the vicious habits of the nurse. Nevertheless, the physician is bound to attempt a cure, and, if Nux should be of no avail, he may try Arsenic. It would seem as if a delicate creature like woman could not be guilty of such conduct, were she even born in the meanest hovel. We thought so until we were convinced of the contrary by actual facts. Not malice, however, and rarely habit or the love of vice, induces the misconduct which we here censure; the liquor is

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generally drank for the purpose of procuring the child rest and sleep; it is the success in accomplishing this which leads to the vicious habit.

Children who are brought up without the breast are liable to another kind of epileptic fit. This is generally induced by overloading and deranging the stomach. If the precursory symptoms are: inclination to vomit, retching, the vomiting ought to be brought on by tickling the velum pendulum palati and the fauces, after which the patient ought to be given a few teaspoonfuls of black coffee, followed by Ipec., Puls., Bryon., Nux, or any other suitable remedy.

SECOND CLASS.

FEVERS, AFFECTING PRINCIPALLY THE MUCOUS MEMBRANES.

§ 29. *Catarrhal fever.*

An intense irritation of a greater or lesser portion of the mucous membranes induces a febrile state. The symptoms of that febrile condition are those of a catarrhal fever which may be principally seated in the mucous membranes of the respiratory and reproductive, or else in the genital and uropoëtic system. Generally speaking, we understand by catarrhal fever an affection of the respiratory organs. It is a sort of synochus of the lighter kind, continuous and remitting, and commencing towards evening with a slight chill, rather resembling a creeping over the bones, accompanied by a soft pulse which is not very much accelerated, thirst, restlessness, and sometimes great lassitude. In company with this fever the mucous membrane of the throat, chest, nasal, maxillary and frontal cavities appears more or less inflamed. At first the mucous membrane thus irritated does not secrete any fluid, or only a watery, acrid humour, which is afterwards transformed into a viscid, thick, slimy substance; the tongue, at the same time, exhibits a white coating, the smell is gone, the taste altered, the digestion is disturbed, the urine is red, turbid, generally depositing a profuse, slimy sediment, and a dull aching

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pain is experienced in the head, especially in the frontal cavities.

The irritation sometimes extends over the mucous membranes of neighbouring organs, or even of the whole organism, occasioning a variety of unpleasant and painful sensations, and increasing the intensity of the fever. The conjunctiva is red and turgid, the eye is either dry or secretes an abundance of tears, and is very sensitive to the light. The affection of the mucous membrane lining the nasal cavities is characterized by creeping and frequent sneezing, and by an aching pain over the eyes (coryza). Sometimes the affection extends to the larynx and trachea, causing an alteration of the voice, roughness and hoarseness; the affection of the tracheal mucous membrane shows itself by the oppressive breathing and the dry cough.

§ 30. A catarrhal fever may be caused by a sudden suppression of the perspiration by a current of air, by a sudden change of temperature, or by a dry, sharp and cold air. Most of those fevers which depend upon a contagious miasm, generally commence with a catarrhal fever; catarrhal fevers may be occasioned by contagia, and occur principally at times when the measles and whooping-cough are prevalent among children; they may likewise occur in consequence of the respiratory organs having been irritated by violent inspirations during physical exertions, such as dancing, screaming, singing, running; and lastly, they may be caused by the inhalation of acrid vapours, especially in individuals who are very sensitive to external atmospheric influences, and had been frequently affected with catarrh before.

§ 31. In simple catarrhal fevers the prognosis is favourable. They are frequently cured spontaneously by an increase of perspiration and the discharge of a turbid, clayish-looking urine; the local affection, however, lasts somewhat longer and disappears only gradually through the secretion of a profuse, thick, yellow, inoffensive mucus. The secretion of that mucus is to be considered a favourable crisis. A catarrhal fever is least dangerous when the inflamma-

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tion affects the nasal mucous membrane only; the prognosis is more doubtful when the mucous membrane of the lungs and larynx is involved; in that case there is danger of the local affection increasing to an inflammation of those organs, or of disorganizations being induced by careless treatment. A violent catarrhal fever is to be treated as a pure synochal fever; the local irritation increases of course in proportion to the intensity of the fever. A catarrhal synocha is a continuous fever, characterized by great heat, restlessness, thirst, and a full, tight, hard pulse, without any mucous discharge.

§ 32. Slight catarrhal fevers get well of themselves in a few days with good care, leaving at most only a mild fluent coryza. None but very sensitive patients send for a physician in such cases. Some cases of catarrhal fever are so mild that individuals of a robust constitution are not even obliged to be confined to their rooms, but are able to attend to their business as usual. Such patients have been known to get well by taking a glass of grog or punch in the evening; this would excite perspiration in the night, which was kept up next morning by remaining in bed a little longer than usual, and was found sufficient to restore the equilibrium of the functions. A glass of grog is no homœopathic remedy, of course; we allude to it merely as a palliative means which has been successfully used in a great many cases of mild catarrhal fever.

The danger increases if the local irritation and consequently the fever be more intense and the mucous discharge more difficult. In such cases the local irritation requires our principal attention in selecting a remedy; whereas the febrile symptoms are the most important if the local irritation have an inflammatory character. The homœopathic physician should be on his guard in this, as in every case, against being carried away by one or two symptoms instead of carefully observing the whole group. This kind of routine or symptomatical treatment, which is justly condemned even by the old school, is unfortunately practised

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by more than one among our ranks; but it is a mischievous mode of treatment, and accomplishes in a round-about way, by a variety of remedies, what one single remedy would have done if selected in accordance with the whole group of symptoms. All good homœopathic physicians will agree with us that the symptomatic method would be the grave of homœopathy, and will not blame us for not giving a detailed description of the treatment which ought to be pursued in every little variety of a disease; we shall furnish general indications for the selection of the proper remedy in every case.

One of the principal remedies against catarrhal fevers is Aconite, especially when they are occasioned by a cold, by dry and cold weather, north-westerly winds or by a current of air, and when the following symptoms occur: Creeping chills with burning skin, hot forehead, great thirst, especially in the evening, accompanied with a sensation of dryness and scraping, slight burning and soreness in the throat, especially in the region of the larynx, or extending even through the whole chest, inducing continual turns of a short, dry cough, which is rather rough and hollow in the night, and interrupts the sleep; this is moreover disturbed by vivid fancies, especially after midnight.

Another remedy, which is frequently indicated, is Nux vomica; it corresponds to the following symptoms: inclination to chilliness, erratic shiverings, as if passing over the bones, now in one, now in another part of the organism, mostly during motion, alternating with flushes of heat, coming on in the afternoon and increasing progressively. These ailments are relieved by remaining quiet, near a warm stove. They are sometimes accompanied with a scraping sensation in the pharynx, which is particulary experienced in the morning hours, and induces a roughness of speech obliging the patient to hawk frequently or to cough. One of the characteristic symptoms of Nux is the titillation which is caused by the scraping sensation below the larynx; the scanty expectoration of tenacious mucus, the light scraping cough in daytime, less in the night,

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and more frequently in the morning hours, are likewise characteristic of Nux. Nux is likewise the principal remedy when the dry, wearing cough is accompanied with a painful feeling as if bruised in the umbilical region, which is moreover sensitive to pressure.

Conium maculatum, middle attenuations, is the best remedy for fevers characterized by the following symptoms: internal dry heat with much thirst, great lassitude, scraping, itching, and creeping in the throat, inducing an almost uninterrupted dry cough with titillation. The urine is whitish and turbid, the sleep unrefreshing, disturbed by many anxious dreams; the patient dreads every little noise or talking on account of the sensitiveness of the head, which is either excited or aggravated by it.

Dulcamara corresponds to catarrhal fevers which have been evidently caused by a cold, by a sudden suppression of the perspiration, and are characterized by roughness and hoarseness of the throat, cough with mucous expectoration, violent fluent coryza, great heat, dryness and burning heat of the skin. In many cases of epidemic catarrhal fever Dulcamara is likewise indicated by a dry, rough cough.

Drosera is one of the best remedies in catarrhal fevers, when the patient is attacked with a sensation as if all his limbs were bruised and paralyzed, and when the usual catarrhal symptoms are accompanied with frequent shudderings over the whole body, cold hands, and hot countenance. The catarrhal symptoms indicate Drosera when the larynx is principally affected, when there is hoarseness, cough excited by a sensation of roughness and scraping in the fauces; sometimes the inmost parts of the chest are irritated.

Euphrasia is to be employed in catarrhal fevers, when the chilliness is more frequent than the heat, when the heat is merely an incidental symptom, and when the following symptoms occur: inflammatory irritation of the mucous membranes of the eyes, lachrymation, photophobia, nightly agglutination, heat

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in the head, and painful sensation as if the head were bruised, sensation as if the skull would burst, frequent fluent coryza, painfulness of the inner nose, sneezing, violent cough with expectoration, especially in the morning.

Similar symptoms indicate Mercurius sol.; it is not always easy to decide which of the two remedies, Euphrasia or Merc., is preferable; a sensation of fulness in the head, pulsations in the head reaching as low down as the nose, general heat to which the chilliness is merely incidental, indicate Merc. rather than Euphrasia.*

Mezereum may be employed against the following group of symptoms: violent fever consisting of alternate chills and heat, the chill being more violent out of the bed, the heat more violent when the patient is in the bed, great sensitiveness to cold air, acrid discharge from the nose, cough arising from a burning irritation in the larynx and trachea, and difficulty of throwing off the mucus.

Every observing practitioner is acquainted with the good effects of Chamomilla in catarrhal fever, especially when the following symptoms prevail: synochus, both the chilliness and heat being moderate; the chilliness consists of slight chills which are experienced only in certain portions of the organism, generally in those parts which the patient uncovers; hence, the chills are frequently experienced when the patient lifts the cover of his bed; sometimes the chilliness and heat are mixed: while one portion of the body feels cold as ice, the other is burning hot, the heat being principally felt on the cheeks. The sleep is, of course, disturbed by the febrile condition; starting from sleep as if in af-

* Such colds are very obstinate in this region of our country. When the nose has not yet commenced running, and feels swollen internally, Hahnemann advises Nux as a preventive. If the Mercurius be required, one dose of Merc. 200, will be found to be sufficient in some cases; in others, however, we have to use Mercurius 3, in powders, one every three hours. My rule then is, to continue these powders until every vestige of the cold has disappeared, which sometimes requires 10, 15, or even 20 powders in succession. To speed the cure the patient ought to live as low as possible, on gruel, weak tea, toast, etc., and avoid all stimulating dishes. The saying, "Feed a cold and starve a fever," implies a vulgar and foolish practice.—HEMPEL.

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fright, and shrieking while sleeping, are characteristic indications for Chamomilla, especially when those symptoms occur during the period of dentition. The catarrhal irritation is principally perceived in the mucous membranes of the respiratory organs, nose, and frontal cavities—hence, the violent dry cough, especially at night, occasioned by a constant titillation in the larynx, accompanied with hoarseness and rattling of mucus in the trachea. When this cough, arising from a titillation in the larynx, exists only in the night, it is generally relieved by Hyosciamus. If it continue night and day without change, Ignatia is the best remedy.

Among the symptoms of Hepar sulphuris we discover a catarrhal fever, characterized by internal chilliness, and ill humour, or heaviness in all the limbs. This remedy is on a par, and constitutes a group, with Euphrasia and Nux; it is most frequently indicated when the mucous membrane of the eyes is affected, when the patient experiences a painful pressure in the eyes, when the conjunctiva looks puffy and red, and the lids are swollen. Hepar is likewise indicated when the respiratory organs are affected, the patient suffers with a moist cough and rattling of mucus in the chest, when the cough is accompanied with an intense pain in the larynx and roughness of voice, and when the patient complains of weakness of the chest which scarcely allows him to speak. The vascular and nervous systems are but moderately irritated.

Lachesis is said to cure a kind of catarrhal fever characterized by heat, fulness of the head, drawing in the teeth and facial bones, glistening eyes as when one feels exhausted, irritable disposition, restlessness, *malaise*, some discharge from the nose. We have used this remedy with success in a few cases, when, after the slightest and scarcely perceptible cold, a violent fluent coryza would set in with sneezing, confusion of the head, great warmth in the internal parts of the forehead, hot nose, and general disagreeable warmth over the whole body, with great heat of the hands and feet. In using Lachesis for those symptoms, we have

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even seen the great sensitiveness for external atmospheric influences disappear entirely.

One of the most distinguished remedies in violent catarrhal fevers is Arsenic. The Arsenic fever is characterized by great heat, intense thirst, yawning, stretching, and a prostrating sensation of weakness through the whole body, lancinating pains in the limbs and head, oppression of the chest. The local irritation of the mucous membrane frequently ceases during the night, especially if the patient perspire some; next morning, however, it returns, a profuse quantity of watery mucus flowing from the nose, with burning from the nose and a sensation as if the nose were enlarged, and as if it were swollen in the region of the root; accompanying those symptoms the patient experiences a feeling of dryness and burning in the larynx, the irritation occasioning a continual dry cough.

No less important in catarrhal fevers than any of the other remedies is Ruta graveolens, when the following symptoms appear: general shuddering over the whole body, even near the warm stove, with coldness of the hands and feet to the touch, dulness and warmth in the head, violent thirst which disappears, however, after drinking. Ruta is moreover indicated by the sneezing, lachrymation, and by a pain in the eyes, as if they had been fatigued by exerting them too much; a characteristic symptom of Ruta is a contusive pain in the region of the larynx and a crowing cough which wakes the patient about midnight, is rarely accompanied with expectoration and then only in small quantity, induces vomiting when it lasts too long, and excites a pain in the sternum.

Pulsatilla corresponds to catarrhal fevers characterized by the following group of symptoms: huskiness, scraping in the throat, occasioning a dry, spasmodic, titillating cough, which is especially violent toward evening and when lying down, is very debilitating during the night, prevents sleep, abates when sitting up, commences again after lying down, and sometimes increases unto suffocation, retching, and even vomiting. The chilliness is principally felt to-

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ward evening; the heat appears only by dint of coughing, and then becomes excessive and continues all night, even after the cough abates.

Rhus is likewise useful in those fevers when the titillation and cough are not felt in the larynx, but in the bronchial ramifications, when the cough shortens the breathing and is especially violent in the morning, thereby preventing the patient from falling asleep again. In general Rhus is indicated when the catarrhal affection extends over a large extent of the bronchial ramifications. As regards the fever, this remedy corresponds to Pulsatilla, except that the evening exacerbation is characterized by a predominance of heat, drawing and stretching in the limbs, and slight creeping chills.

Bryonia corresponds to catarrhal fevers accompanied by cough, which produces retching, and sometimes vomiting of the ingesta, with sensation as if the chest would fly to pieces, and with profuse, violent fluent coryza, and pain in the forehead which is relieved by pressure upon the forehead; the right side of the body is colder than the left, and the patient complains of great thirst.

Ammonium carbonicum should be resorted to in catarrhal fevers characterized by hoarseness and profuse fluent coryza, especially when an acrid, burning water flows from the nose; by morning cough with titillation or retching, and with alternation of chilliness and heat. Causticum may be used when a sensation of soreness and excoriation is experienced in the trachea (All. hom. Zeit. XXVI. 93).

Sepia is indicated in catarrhal fevers where the chilliness is continual and occurs upon every movement in the warm room; the heat is merely incidental; the Sepia catarrhal fever is moreover characterized by a nightly spasmodic cough, which increases even unto vomiting and suppression of breath; sneezing, violent fluent coryza, ulcerative pain in the occiput and drawing in the hips and thighs are likewise present.

Among the remedies which we have so far indicated

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for catarrhal fevers, the following require particular consideration, when the dry cough is accompanied by a sort of spasm in the larynx which does not abate until the patient has thrown off a quantity of mucus after a good deal of gagging: Ipec., Nux, Pulsat., Rhus, Bryon., Bellad., Sepia, Ammonium carb., Drosera, Mercurius. The whole group of symptoms is sometimes at once removed by the homœopathic specific; or, at any rate, the cough is changed to a simple catarrhal cough which will be easily removed by one of those remedies which have been mentioned in the preceding paragraphs.

For a dry, spasmodic cough, or a cough occasioned by a simple irritation of the throat, the principal remedies are: Hyosciamus, Drosera, Lactuca virosa, Conium, Ipec., Bell., Magnes mur., Phosphorus, Ambra, Iodine. Such an intolerable, racking, spasmodic cough, arresting the breathing on account of a titillation in the upper part of the windpipe which is unencumbered by phlegm, and rousing the patient from sleep at 11 o'clock in the night, has frequently been cured by a single dose of Belladonna.

The hoarseness accompanying catarrhal fevers, no matter whether there is a cough or not, or whether it is dry or moist, yields to: Puls., Mercur., Drosera, Spong., Dulcam., Sulp., Tart. emet., Manganum carb. or acet., Lachesis, Phosphor., Natrum mur., Sepia, Carbo veg.; the latter remedies are especially indicated if the hoarseness increase in the evening hours.

Nux is very useful for a morning cough with titillation and difficult expectoration, remaining after a catarrh; Iodine and Kal. hydriodicum will still more frequently be found useful.

Chronic catarrhs are akin to phthisis, and require the same care as the latter; there is no essential difference between chronic catarrhs and phthisis, for the same remedies are used for either; we therefore take this opportunity of referring to the phthisical affections in the second volume, where we shall treat of them more in detail. We will here simply state, that the following remedies have been found useful in

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chronic catarrhs, the last of them principally, when the expectoration seemed loose and yet could not be thrown off:—Tart. emet., Drosera, China, Dulcamara, Stannum, Manganum, Carbo veg., Iodine, Bromine, Amm. mur. According to Goullon, Lycopodium corresponds to those obstinate catarrhs where a lemon-coloured and frequently bitter phlegm is thrown off, accompanied by a violent tearing beating pain in the frontal cavities, with afternoon or evening exacerbations.

It is well known that catarrhal fevers frequently unite with gastric or typhoid symptoms, inflammations, and cutaneous eruptions; in such cases the remedy has to be chosen in accordance with the symptoms of that affection which are most marked.

§ 33. *Catarrhal Fever in Children.*

We ought not to omit mentioning, on this occasion, a catarrh or catarrhal fever of children which can only be observed by the physician, but cannot be investigated by questioning the patient. The pathology and treatment of this fever do not differ essentially from the one above described. It is characterized by sneezing, running of the nose and eyes, cough, hoarseness, and in small children rattling arising from the mucus, which they have not strength enough to throw off.

Aconite, two or three doses a-day, is the principal remedy when the following symptoms occur: burning heat of the whole body, accelerated pulse and breathing, dry, short cough, the infant screaming sometimes as if it would manifest pain. If the heat be less marked, the cough loose with constant irritation in the air-passages, and if rattling be present, we know of no better remedy for those symptoms than Antimonial wine, one, two, or three drops a-day; this remedy frequently removes the symptoms more rapidly than Chamomilla, which is likewise indicated. In catarrhal fevers, Euphrasia suits children frequently better than full-grown persons, the profuse running from the nose being frequently accompanied by a considerable redness of the whites of the eyes, lachrymation and slight

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agglutination. As regards other remedies, we refer to those indicated for the catarrhal fever of full-grown persons, reminding our readers particularly of Belladonna and Pulsatilla.

The dry coryza is still more troublesome than the fluent; the former hindering the infant's taking the breast and causing it to scream and to be restless. This condition arises from the suppression, in consequence of cold, of a fluent coryza, causing a disagreeable dryness of the nose, which brings on the difficulty of taking the breast. This affection frequently lasts a long while, becomes worse in warmth, and decreases in the open air, where the running from the nose is generally restored. It befalls not only small, but even larger children, inducing a habit of breathing with an open mouth.

The trouble is frequently removed by rubbing the dorsum of the nose with a greasy substance, such as hen's grease, almond oil, or thick cream; or by causing the vapour of warm milk to pass into the nose. Inasmuch as the trouble is chiefly owing to the nasal mucus not being secreted in a sufficient quantity, it is certainly a good plan to replace the natural mucus by an oily substance, say almond oil, with which the inner walls of the nose may be lined by means of a fine feather.

If this palliative means should not be sufficient to remove the trouble, an internal remedy will then have to be resorted to, and will have to be selected in accordance with all the concomitant symptoms. A small dose of Nux will prove the best, if the dry coryza increase in the evening, accompanied by great dryness of the mouth, whereas the fluent coryza prevails in the daytime. Other physicians pretend to have removed the trouble by repeated doses of Sambucus. In some cases, where the obstruction of the nose was accompanied by a profuse discharge of mucus, Chamomilla proved curative; Dulcamara is the best remedy when the dry coryza increases in a cool and decreases in a warm temperature. Carbo veg. deserves consideration in obstinate cases, with

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evening exacerbation; Graphites, when great debility and prostration prevail.

If the dry coryza set in while the children are still at the breast, or if the mother be affected with it, the latter may take the medicine alone.

§ 34. *Influenza.*

The influenza is not an indigenous disease with us (in Germany); the grippe still less so; when the cholera appeared amongst us, both affections frequently appeared in company with it, and have ever since become stationary diseases, the grippe at least. Both grippe and influenza are varieties of a catarrhal fever, being subject to the same therapeutic rules as the fever, and every other disease. For the benefit of beginning homœopathic practitioners we here record our experience of the treatment of those affections; what we shall say is derived from the most careful observation.

The influenza, like every catarrhal fever of a certain degree of violence, commences with striking debility and drowsiness; subsequently shiverings and even chilliness over the whole body make their appearance. The usual catarrhal symptoms are: sensitiveness of the eyes, lachrymation, pressure in the eyes, with slight redness; aching pain in the forehead, fluent coryza, in some cases dry coryza; short turns of dry cough, which fatigues the chest, are not wanting; they are accompanied with want of appetite, and a white-coated but dry tongue; dryness of the throat, and afterwards a dry, burning heat, with great thirst.

Many cases of influenza, especially those which are characterized by constipation, are often relieved by a dose of Nux in a few hours, provided the dose was proportionate to the intensity of the disease and the patient's individuality; sometimes, however, Arsenic is more suitable, especially when debility, diarrhœa, great thirst and a paralytic sensation in the limbs are the prominent symptoms. Causticum has been found very useful, which was followed a few hours after by Camphor. Both those remedies were administered by

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olfaction. Of the latter remedy Hahnemann remarks: * "If the Siberian influenza attack one of us (in Germany), and the heat have already set in, Camphor may be used as a palliative, on account of the disease having but a short run; it is an excellent palliative when administered in frequent and progressively increased doses. Camphor does not shorten the course of the disease, but diminishes its violence, and removes all danger until its termination."

§ 35. *Grippe.*

Another species of catarrhal fever is the grippe, which prevailed at the commencement of the year 1833.† The symptoms of grippe are much more varied and complicated than those of influenza; and the disease, when invading the organism suddenly, was much more dangerous, and sometimes led to fatal results. If a patient, whose chest was affected, had an attack of the grippe, consumption was generally the result of that complication; in very few cases only it was possible to save the patient's life. Generally, an attack of the grippe came on suddenly—in a few cases only the disease developed itself gradually; it was distinguished from any other catarrhal disease by an unusual lassitude, heaviness and a bruised feeling in the limbs, especially the lower. At times this prostrate feeling of the limbs was accompanied with headache and an inclination to vomit, at times with sore throat and some hoarseness. Sometimes the dry coryza became very violent, and was accompanied with a violent and frequently intolerable tearing pain in the forehead, affecting the facial bones, with pressure in the remaining portion of the head, vertigo, otalgia, painful swelling of the parotids, etc. The disease had many peculiar features, for instance: in persons who were not entirely well, it would excite the former symptoms which had become latent, thus making the cure so much more difficult; it would attack the

* See Hahnemann's Materia Med. Pura, by Charles J. Hempel, M. D., Vol. I., preface to Camphor.

† See All. hom. Zeit., Vol. II., p. 187, etc.; also, Archiv, Vol. XIII., 2, p. 88.

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same person several times, but always under another form; sometimes it would last a considerable while in a mild form, but the symptoms, although easily yielding to suitable remedies, would be excited again by the least error in diet, sometimes even the next day. Another peculiarity of the grippe was its tendency to unite with other diseases, modifying their course and aggravating the whole condition. Dr. Bosch (see Hygea, XIX, p. 328), found that fetid sweats and erysipelatous eruptions constituted critical phenomena in grippe, and therefore proposes to designate the disease as a febris erysipelacea epidemica.

As soon as the first symptoms of the disease made their appearance, it was an easy thing to suppress it by smelling a few times of Camphor; after some time it broke out, nevertheless. This was not the case in an epidemic grippe which broke out afterwards, and for which the first attenuation of Camphor taken internally proved the most sovereign remedy (see All. hom. Zeit. XXV. 61). When an inflammatory condition of the thoracic organs was a predominant symptom, Nux was always found an excellent remedy after Aconite. Merc. sol. or Merc. vivus was preferable when the head, throat, and chest were violently affected, and when a dry, racking cough, which afterwards became loose, was present; when the patient complained of pains in the pleura, with profuse sweats which did not afford him any relief; when the condition of the liver exhibited inflammatory symptoms, the pain being rather dull, and the pulse not very hard; a few doses of Mercurius a-day were sufficient to remove and even to suppress the disease in the very beginning. Phosphorus was the best remedy when the trachea was irritated or inflamed, and when the intense pain prevented speech, or when the voice was very much altered.

Sometimes the disease assumed the form of sporadic cholera; in that case the catarrhal symptoms were inconsiderable, but the debility so much more marked. Veratrum was the specific for that group of symptoms. If, in the course of the disease, typhoid symptoms set

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in, as was frequently the case in the later periods of the epidemic; if the patient became delirious, had a wild, staring look, complained of great sensitiveness of the abdomen, with a full, hard pulse, Aconite was given with great effect; the remaining symptoms yielded to Pulsatilla. This remedy frequently removed the papescent, insipid taste which sometimes remained a long time, accompanied with slimy coating of the tongue and want of appetite.

An exceedingly distressing symptom in that disease was the violent pressing, aching pain in the forehead; this pain, together with the accompanying cough, and the loose and slimy expectoration, yielded to Bryonia, which was likewise the principal remedy when the liver was distended, and the region of the liver was painful to the touch, or when the pain was excited by coughing or taking a deep inspiration. Bryonia was also the specific remedy for the cough when it readily excited vomiting, or occasioned a pain in the epigastric region (in which case Bryon. and Nux were equally indicated), and a pain as if bruised under the short ribs, obliging the patient, while coughing, to press his hands against the region where this pain was experienced. Bryonia was given alternately with Carbo veg., in a form of grippe with which old people were sometimes attacked, and which was characterized by great distress in the chest and coldness of the limbs; this form frequently terminated fatally in paralysis of the lungs. If the cough was dry, spasmodic; if the headache became intolerable, if it was increased by walking, talking, bright light, movement; if the patient had a staring look, and saw all sorts of fanciful images on closing the eyes, Belladonna was the remedy; and after using it for a couple of hours, the symptoms, although bordering upon encephalitis, had disappeared.

Rhus was indicated if the grippe had come on in consequence of getting wet, and the attack was characterized by oppressive anxiety, frequent turns of involuntary, deep breathing, restlessness of the body, and if the patient was constantly changing his place of rest.

Sabadilla was the remedy when the grippe took the

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form of an inflammatory affection of the organs of the chest, accompanied with violent chilliness and external coldness.

China removed the cough which commenced with, and seemed to arise from a rattling behind the sternum, as if mucus had accumulated in that region.

An exhausting cough, with difficult expectoration, and every paroxysm being followed by yawning, yielded to Opium, a number of other remedies having previously been tried in vain.

The alcoholic tincture of Sulphur was found useful towards the termination of the disease, when the fever was abating, and when the patient experienced the stitches in the chest only during a deep inspiration, or a violent paroxysm of cough, oppression of the chest as if a heavy load pressed upon the chest, being likewise present.

The spasmodic cough which remained a long while after the disease had left, and which frequently tormented the patient for hours, almost always yielded to one or two doses of Hyosciamus, in single cases to Belladonna; if, however, the nightly paroxysm did not cease till the patient had vomited a quantity of frothy mucus, mixed with tips of yellowish pus, Conium was the principal remedy; if the cough appeared after every meal, and the food was vomited up again, Ferrum aceticum was the specific remedy.

If the grippe left behind a troublesome cough, with gray, saltish, sweetish expectoration, wheezing and rattling in the chest, Kali hydriod. proved an incomparable remedy.

When the grippe threatened to develope a previously existing phthisical disposition, a few doses of Stannum in alternation with Carbo veg. were frequently sufficient to remove the symptoms before phthisis had been fully developed.

Consecutive symptoms of the grippe sometimes were obstinate inflammation of the eyes, with ulcers of the cornea, and violent photophobia; the only remedy which removed them permanently was Arsenic; repeated doses of Belladonna were sometimes given with success, but the relief was not permanent.

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THIRD CLASS.

FEVERS WITH LOCAL IRRITATION OF THE FIBROUS AND SEROUS TISSUES.

§ 36. *Simple Rheumatic Fever.*

When an affection of the serous and fibrous tissues, sheaths of muscles, articular membranes, in company with the drawing, tearing, burning pains in the joints or trunk—the character of the pain varying according to the nature of the tissue which is the seat of the affection—is accompanied by a more or less violent, continuous remittent fever, we term this a *rheumatic fever.* The accompanying rheumatic pains may come on before or after the commencement of the fever, or may appear during the course of the disease. The pain which is experienced during those fevers has no definite and permanent character; it is sometimes tearing, stinging, boring, sometimes drawing, digging up, jerking; nor can we consider swelling and redness of the locally affected part characteristic symptoms, inasmuch as they are wanting in many rheumatic affections, such as lumbago, rheumatic affection of the intercostal muscles, etc. As the fever abates, the local affection diminishes likewise, leaving in a few cases a chronic trouble behind. The fever is a synocha, with evening and night exacerbations, which are accompanied by an increase of the local affection. An inclination to sweat is a characteristic symptom of that fever; the sweats, however, have no critical importance. The pulse is full, rather hard, accelerated, sometimes even quite hard, often unequal, especially so when the pericardium is affected, in which case the fever is very violent; the urine is scanty, yellow, reddish, and finally becomes cloudy and deposits a reddish, brick-dust sediment. The thirst is increased and the appetite diminished; sometimes the tongue is covered with a more or less thick coating of a yellowish white mucus, the taste is bitter, the patient inclines to vomit, the bowels are confined.

The 7th, 14th, or 21st day is the critical day, the fever terminating in a copious, general sweat; the

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duration and the commencement of the crisis are not always marked by definite periods. Schœnlein does not recognise any rheumatic fever; he terms the rheumatic affection acute rheumatism, which is distinguished from a rheumatic fever by the greater violence of the local affection, interesting the attention of the patient and the physician more than the fever; in acute rheumatism the redness and swelling occur more frequently than in rheumatic fever, especially if the affected part be near the surface of the body. The pain in acute rheumatism is more acute, more seated, the fever is more violent, and strictly continuous. It is undoubtedly improper to draw a marked line of demarcation between a rheumatic fever and acute rheumatism; if such a thing were possible, the homœopathic treatment would not be affected by such a division.

§ 37. These fevers depend principally upon atmospheric changes, which generally communicate to those fevers an epidemic character. They occur frequently at the end of winter, at the commencement of spring, and during the damp and wet fall weather. Exciting causes are: getting wet to the skin, exposure to a current of air, repelled perspiration, etc.

§ 38. In most cases the prognosis is favourable as long as the disease remains a simple rheumatic fever. The prognosis is less favourable when the fever is accompanied with inflammation of important internal organs, or when the articulations of the spinal column are involved. The prognosis is likewise unfavourable when the fever lasts a long time, and the pericardium or the heart itself is involved in the disease; or when the fever settles upon the brain, and, in general, when the local affection easily changes its seat.

§ 39. The treatment of these fevers is just as varied as that of any other disease; it depends in every case upon the characteristic symptoms of the disease. Aconite is required only in very few cases. According to our experience it ought to be given when the fever is intense; when the inflammation, hot swelling, redness, and intense pains in the affected parts increase

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rapidly; in such a case Aconite is always indicated by other accompanying symptoms, such as: intense dry heat, burning dry skin; full, accelerated, not hard pulse; great thirst, flushed face, or else alternate redness and paleness of the face, anxiety and restlessness, moaning and tossing about, sleeplessness, or else sleep disturbed with anxious dreams. For such a group of symptoms, the lower attenuations of Aconite, frequently repeated, will prove the best remedy.

Rheumatic fevers which are characterized by such symptoms, belong rather to the class of acute rheumatism, whence it appears that Aconite is indispensable in that disease.

Bryonia is superior to Aconite when the nervous and vascular erethism is accompanied by tearing, tensive, stinging pains in the red and shining swelling of the articulation, becoming insupportable during movement and during the night's rest. This remedy has likewise to be repeated in such fevers, the repetition being proportionate to the violence of the fever which had remained after the exhibition of Aconite.*

Belladonna is a specific in rheumatic fevers when the brain and nervous system are greatly irritated, and the rheumatic pains wander from one part to another; swelling and light redness are always present, and the burning, stinging pains in the affected parts are most violent at night and when the parts are touched ever so lightly; if the patient should go to sleep, he is frequently roused by startings of the affected parts, or a painful drawing in the limbs prevents him from falling asleep. Belladonna is an excellent remedy when the nape of the neck, the spinal column and the small of the back are involved, when those parts are painful, stiff and swollen, when the rheumatic affection prevents every movement of those parts, and movement occasions the most violent pains; one knee-joint is likewise affected, the patient has to keep it bent and

* A great rival of Bryonia in inflammations of the serous membranes is Cantharides, especially when there is a frequent desire to urinate. In rheumatic inflammations where Bryonia is indicated and will not help, Cantharides ought to be given, and if neither be sufficient alone, they ought to be given alternately.—HEMPEL.

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quiet, the least movement making the pain intolerable to such an extent that it will extort shrieks from the patient. (When these symptoms occur Bryonia may be used when the fever approaches more to the erethic form.) The rheumatic fevers to which Belladonna corresponds, are sometimes accompanied with tearing pains having the character of an ache, and proceeding from the inmost parts of the bones, or else darting like an electric shock towards the neighbouring articulation, where they occasion a dull pressure, which is relieved by counter-pressure, aggravated by motion, and increases in intensity during the night. The fever has generally the form of a synocha: violent burning heat over the whole body, strong, full, accelerated pulse, a good deal of thirst, loss of appetite, accompanied by a tensive, aching pain in the forehead, with pressure from within outward, the pain being increased by moving the head; the urine is turbid and deposits a reddish sediment.

There is one remedy which has been too little used heretofore in rheumatism: it is Colchicum. It deserves especial consideration at a time when rheumatism is a prevailing disease, and is of still greater importance when the rheumatic influence prevails in the transition periods from winter to spring, fall to winter, or during a damp and cold, foggy weather. This remedy has been principally used in the chronic forms of rheumatism and gout, probably owing to the limited number of febrile symptoms which we possess of that drug. In a case of synochal rheumatic fever where Aconite seemed to be required, but was given without the least benefit, we were induced to exhibit Colchicum alternately with Aconite every three hours. The result was brilliant beyond belief. Since then we have used Colchicum on several occasions, and have noted the following symptoms as indicative of its use: the fever is a continuous remittent fever, with afternoon exacerbations; the patient, during the exacerbation, complains of a progressively increasing dry heat over the whole body, accompanied with palpitation of the heart and thirst, sweat breaking out upon the skin

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suddenly, and disappearing as suddenly; lancinating pains in the affected parts, increasing with the fever, being most violent in the night, abating in the morning, when they generally wander to some other part which becomes inflamed rapidly, whereas the part just left by the pain exhibits a simple pale swelling, which disappears entirely in the course of that day. For such symptoms we give Colchicum, third attenuation.

Mercurius is the remedy for rheumatic fevers which are characterized by the following group of symptoms: constant alternation of chilliness and heat, or internal heat accompanied with a continual chilly creeping over the affected parts; these parts have to be moved all the time, either on account of an internal uneasiness in the parts, or on account of the drawing-tearing pains which are experienced in them. A characteristic indication for Mercurius is profuse sweat which affords no relief, rheumatic pains in the head, limbs and joints, which are especially violent at night, the slimy coating of the tongue with slimy or saltish taste in the mouth, complete aversion to any kind of nourishment, great painfulness of the region of the liver, the epigastric region and the pit of the stomach, frequent evacuations of green mucus, accompanied with tenesmus.

The remedies which we shall now mention, correspond rather to those rheumatic fevers which belong to the class of the erethic fevers, the rheumatic pains being indeed continuous, but the inflammation of the ligaments, tendons and synovial membranes, being less intense.

First in rank is Rhus toxicodendron. It is indicated by tensive, drawing and tearing pains in the limbs, which are most violent when the patient is in a state of perfect rest, accompanied by a sensation of numbness in the affected parts, and as if they had gone to sleep, this sensation being especially experienced in those parts upon which he is lying; the pains are felt during the paroxysm of chilliness; the chilliness alternates constantly with the heat through the whole

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course of the disease; at night only the patient experiences heat with drawing in the limbs which occasions a desire to stretch them. Rhus deserves a preference over every other remedy when the attack has been brought on by wet, penetrating either to the whole surface of the body or only to single parts.

Pulsatilla is the remedy, when the patient, after having suffered with lassitude for several days, wakes in the morning with a chilly feeling and a tingling sensation in the parts upon which he had been lying, as if they had gone to sleep; the chilliness continues after rising, and drawing, jerking pains now in one, now in another limb, especially in the long bones, or a painful swelling of the nape of the neck supervene the patient feels relieved about noon, the chilliness returns with increased violence in the afternoon and evening, the pains become more permanent, the affected part begins to swell and to become red, the pains suddenly pass to some other part. If such a fever occur after an abuse of Mercury, Pulsatilla is so much more necessary.

Sometimes such fevers commence in the night with an oppressive headache, great restlessness of the body which does not allow any sleep, chills creeping over the back, and sweat breaking out as soon as the patient covers himself: little by little the chilliness spreads over the whole body, assumes the form of a sensation of internal coldness which is not perceptible to the touch, except on the hands and feet, which are icy-cold; gradually heat supervenes in certain parts of the body; the head, for instance, feels hot, with increase of the headache and distended veins; drawing, tearing pains in the small of the back, in the back, knees and thighs, set in as the characteristic signs of the rheumatic fever, occasioning a lameness or weakness of the affected parts, and being aggravated or reproduced by contact; those symptoms are sometimes accompanied by bilious symptoms, such as: bitter taste with yellowish coating of the tongue, bitter eructations, nausea, vomiting, thirst, costiveness. When the above-mentioned group of symptoms occurs, China

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is the specific remedy, which requires to be repeated more or less rapidly according to circumstances.

The Arsenic rheumatism sets in with peculiar symptoms which are frequently so confused that the physician is easily led astray by them, and is exposed to the danger of misapprehending the disease, unless the general character of the prevailing sickness reveals the real character of the attack. We find for instance paroxysms of anguish without any previous cause, accompanied with pressure and burning in the pit of the stomach, stitches in the side, tension and fulness of the abdomen; after a shorter or longer interval those symptoms are followed by a shivering, and, after quenching the thirst, by real chilliness, which is afterwards accompanied by a drawing and a burning tearing in the limbs, preventing the patient's resting upon those parts, but being relieved by warming or moving the affected part. After some time a dry, burning heat with anxiety supervenes, during which the rheumatic pains become more violent, and which is accompanied with great thirst. A characteristic symptom of Arsenic is that the pains abate as the sweat breaks out, whereas in other rheumatic fevers, for which other remedies are indicated, the sweat affords no relief.

There is another kind of sub-inflammatory fever which is characterized by drawing, tearing pains, sensation of lameness or numbness, the tendons, ligaments or bones, are principally affected, there is no swelling, night exacerbation; the spinal column and the head are involved in the attack, the pains extend like labour-pains from the small of the back into the thighs, making the least movement impossible, and the night intolerable: such an attack yields to Chamomile.

Dulcamara is closely allied to Rhus as a remedial agent in rheumatic fevers. It deserves a preference over Rhus, if the fever was not occasioned by wet, but by a sudden retrocession of sweat in a draft of air or some other kind of exposure. A peculiar exciting cause is not always required to make the exhibition of Dulcamara necessary; the exhibition of that remedy

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is justified when rheumatism is prevalent in the community, and the following group of symptoms occurs: sticking, drawing, or tearing pains in the limbs, with bloatedness of those parts and a sensation as if they had gone to sleep; violent fever with great heat; dryness and burning of the skin; badly smelling sweat which affords no relief, restless tossing about in the sleep, occasioned by a painful sensation of swelling in the nape of the neck and occiput, which does not allow one to lie quiet; drawing pain in the whole, or only in parts of the head, involving the ears.

Ranunculus bulbosus is another remedy in rheumatic fevers which has been too little considered heretofore, and is related to China in this respect, that the lancinating pains and the pains as if bruised are readily excited by contact, movement, or change of position, and that they are sometimes aggravated by the contact of a cool current of air. The fever, which is a continuous remittent fever, has evening exacerbations with a full hard pulse which should not induce the practitioner to interfere with the action of Ranunculus by exhibiting another remedy. The rheumatic fever for which Ranunculus is the specific, wanders from one part to another without affecting any particularly; it has, however, one peculiarity, which consists in the heat affecting only one side, with cold hands and feet.

Rhododendron chrysanthum is closely allied to Ranunculus. The Rhododendron fever is not very intense, for it does not even amount to an erethism of the vascular system, and consists of alternate chilliness and heat, accompanied with pressing pains in the head from within outward, and drawing in the limbs; at night a dry heat of the body sets in, with sleepless restlessness; towards morning the pains abate, and a slight general sweat makes its appearance. Characteristic indications for Rhododendron are a nightly drawing tearing in the periosteum, which is aggravated by bad, changing weather, at night when in bed and during rest; these symptoms disappear under the use of Rhododendron, as we know from experience.

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Sulphur corresponds to rheumatic fevers which are characterized by a drawing sticking or a drawing tearing both in the limbs and joints, the latter being slightly swollen; the pains abate by external warmth, and grow worse in cold; the pains are relieved by motion, excited by rest; Sulphur is particularly useful when the pains are seated. Sulphur corresponds particularly to rheumatic fevers with alternate chilliness and heat, an apprehensive oppressive sensation in the pit of the stomach, pains in the head and nape of the neck, violent stitches in the small of the back; the night-sleep, which is of itself restless, is moreover disturbed by the violent headache, which cannot be relieved by any change of position. The accompanying fever is a continuous remittent fever, with exacerbations every evening, consisting of a slight chilliness which commences a few hours before falling asleep, and is not relieved by the warmth of the bed, no matter how much covering the patient may put on. Not until a few hours have elapsed, great warmth makes its appearance, which results in a sourish-smelling sweat towards morning. Generally the fever is accompanied with entire loss of appetite, or with inclination to nothing but sour things, great thirst, with feeling of dryness in the mouth, sour eructations, bloatedness of the abdomen and pit of the stomach, with sensitiveness to pressure of those parts, and insufficient, hard stool.

Characteristic indications for Arnica in those fevers are a tearing with tension in the parts which are affected by the rheumatism, but especially a lameness, and pains as if bruised, redness and swelling of the affected part, aggravation of the pains by the slightest motion, which is nevertheless made necessary by the uneasiness experienced in the affected parts, owing to which the same position cannot long be endured. Arnica is especially applicable in those febrile rheumatic affections of the thorax, which are relieved by movement, and resemble the pains, especially in the posterior portion of the thorax, which are experienced in consequence of a bruise or fall. Chilliness and heat

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exist simultaneously, if one part feels warm, the other feels cold.

Cocculus corresponds to those rheumatic fevers where only one side of the body is affected, and a paralytic drawing, with painful stiffness in the joints, is experienced, which is aggravated by every movement, even of a part which is not affected. Cocculus is a distinguished remedy in rheumatic affections of the chest, characterized by stinging, and a pain as if sprained in the articulations of the chest and dorsal vertebræ. If the paralytic drawing pain affect the back, the pain is generally worst early in the morning, is aggravated by walking, stooping, or talking, and is not relieved till the patient has been lying down for some time. The fever consists of frequent paroxysms through the day of alternate heat and chilliness, with congestion to the face, which constantly remains pale.

Nux is a good remedy for drawing, tearing pains, especially in the dorsal, lumbar, sacral, and abdominal muscles, in the latter muscles a sensation of numbness and as if bruised being experienced at the same time; those pains are distinguished by nightly exacerbations, and do not admit of the slightest movement, or else require a constant change of position; they are accompanied with a feeling of heat over the whole body which deprives the patient of sleep, with excessive sensitiveness to all external impressions, costiveness, and shifting of flatulence in the abdomen.

As regards the following remedies, we content ourselves with merely mentioning their names, leaving it to the physician to consult the Materia Medica for a more accurate knowledge of the symptoms.

A most useful remedy in such cases, especially after an abuse of Mercury, is Lachesis. This remedy is indicated in pain and stiffness of the joints, with swelling; the pains are aggravated by movement and contact, evening and night; sweat affords no relief.

Indigo promises to become useful in rheumatic fevers.

Causticum may be consulted when the pains are drawing and tearing.

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Euphorbium, when the pains are tearing or sticking, with sensation of pressure; they are aggravated by rest, relieved by movement.

Carbo vegetabilis, when the pains are drawing, tearing, with sensation of lameness, and arrest of breathing, characterizing the affection of the chest, flatulence.

Mezereum for tearing, drawing, and tensive pains in the long bones, with night exacerbation, and especially if Mercurius in allopathic doses have been previously given for syphilis. This latter indication applies likewise to Carbo vegetabilis.

Valeriana is excellent in rheumatic fevers, when the joints are principally affected. There are other remedies for rheumatic fevers, which we do not mention on account of the little use which has been made of them in practice.

The most frequent metastasis occurring in rheumatic fevers is to the pericardium; as we shall treat of that affection more in detail hereafter, we content ourselves with barely mentioning in this place the principal remedies for it, viz., Belladonna, Spigelia, Arsenic, Cannabis, Bryonia.

Rheumatic as well as catarrhal fevers may exist simultaneously with other acute affections, complicating them and making the use of other remedies beside those here mentioned necessary; frequently, however, one of the above-mentioned remedies is likewise indicated by the complication of the symptoms.*

* An interesting remedy for rheumatic fevers, which Hartmann has omitted to mention, is Guajacum. In the second number of the Examiner, Vol. IV., we have recorded a most remarkable case of rheumatism which Dr. Schellhammer cured by two doses of Guajacum. The symptoms were: violent stitches in the outer side of the right calf, which soon extended as far as the right ankle joint, and became so violent that the patient fell down, and was, since that period, no longer able to walk. By mismanagement, the patient was reduced to the brink of the grave, until Schellhammer effected a complete cure. When Schellhammer was called, the symptoms were: violent tearings and lancinations in the whole of the affected side, extorting constant shrieks day and night; cough, with expectoration of fetid pus; aversion to food; nausea and vomiting every morning; swelling of the limb, it was drawn up, stiff and immoveable; interstitial distention and softening of the tibia and tarsus; hot skin, tongue coated, vehement thirst.—HEMPEL.

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FOURTH CLASS.

GASTRIC FEVERS.

§ 40. The fever is a continuous remittent, the digestive apparatus being principally affected; the fever differs according as it depends upon overloading the stomach, morbid action of the mucous membrane of the stomach, disturbed secretion of bile, or derangement of the whole intestinal canal. This fever is generally ushered in by premonitory symptoms which may be successfully combated by homœopathic remedies, thus preventing the fever altogether. The fever commences with violent heat, restlessness, oppression and anxiety; the patient feels ill and weak, complains of violent headache. Frequently, but not always, the epigastric region is sensitive, especially when touched, and the following symptoms are present: coated tongue, eructations, disagreeable taste, vomiturition and nausea, increased alvine evacuations, or else constipation; dark, brown-red, saffron-coloured urine, sometimes depositing a sediment, want of appetite, increased thirst.

We shall offer the following classification of those fevers, which has no reference to the seat, course, and terminations of the disease, for these are frequently modified by epidemic or the prevalent morbid influences; nor has it any reference to the intensity of the fever, which may be of an inflammatory or even typhoid character.

§ 41. *Status gastricus, biliosus et pituitosus; gastro-ataxia saburralis, biliosa et pituitosa, of Schœnlein; a gastric condition without fever. Premonitory symptoms of a gastric, bilious, and pituitous fever.*

This condition is characterized by the following symptoms: pressure and fulness in the region of the stomach, inclination to vomit, constant disagreeable eructations, bitter or slimy taste in the mouth, dryness of the mouth or confluence of saliva, aversion to food, coated tongue, debility; weight and drawing, or else an aching pain in the region of the forehead; also, in

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the limbs, altered complexion, restlessness, low-spiritedness, coldness of the hands and feet. All these symptoms are distinct indications of a derangement of the digestive functions.

Persons whose digestive powers are naturally weak are predisposed to such a state, which may be brought on by over-eating, by heavy or spoiled food, unwholesome drinks, bad, damp air, great heat, anger, chagrin, grief, etc.

It is not difficult to treat that affection homœopathically, provided the exciting cause is known. The proper and timely use of remedial agents shortens the course of such diseases, and prevents their running into corresponding acute affections.

If the gastric derangement be evidently owing to overloading the stomach, the best medicine is fasting. The patient ought to content himself with a little water-gruel, and afterwards take some black coffee.

If the stomach have been deranged by fat meat or fat food of any kind, with rancid taste and eructations, the patient ought to fast and take Pulsatilla; in a few hours he will feel better, especially in the stomach.

If the gastric derangement be characterized by eructations tasting of the ingesta, by nausea, loathing, inclination to vomit, Nature is frequently competent to relieve itself; but the efforts of Nature, which, if unassisted, are frequently unsuccessful and tormenting, can be facilitated by tickling the velum pendulum palati, fauces and pharynx, with a long feather; if anything should remain in the stomach, a little black coffee is sufficient to carry it off by the route of the intestines.

If the stomach should have been overloaded to such an extent that the power, or even the inclination, to throw off the contents spontaneously should have been suppressed, occasioning great pains in the epigastric region, the dynamic irritability of the stomach is restored by swallowing a spoonful of black coffee at successive intervals, after which the contents of the stomach, were they ever so excessive, will either be thrown off by the mouth, or carried off by the rectum.

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If those means should be insufficient to remove the contents of the stomach, or if, after their removal, loathing, nausea, inclination to vomit, should remain, these symptoms yield to Antimonium crudum.*

If the gastric derangement be occasioned by some dynamic cause, violent emotions, etc., the treatment differs. If any of the above-mentioned symptoms of gastric disturbance arise from violent chagrin, a small dose of Chamomilla is sufficient to remove them. If those symptoms and the still continuing chagrin be accompanied by chilliness and coldness of the body, Bryonia alba is the remedy.

Gastric disturbances arising from violent fright and chagrin, are entirely removed by Aconite within the space of three or four hours.†

Gastric derangements frequently occur in persons who are constantly bowed down by grief and chagrin, other morbid symptoms beside those of the gastric affection being likewise present. An indispensable requisite for a permanent cure is the removal of the causes which have brought on the disease. The humane physician will do all in his power to cheer up the patient, and to afford him every opportunity for rational amusement. If these conditions can be fulfilled, which is not always possible, owing to the limited means of the patient, Ignatia amara will be found sufficient to remove the trouble about the stomach; if one dose should not be sufficient, another one may be taken in two hours, either weaker or of the same strength.

If the gastric symptoms arise from taking cold, or from exerting the mind or body immediately after a meal, were it even moderate, Nux vomica is the best remedy. If those symptoms owe their origin to coldness of the stomach, occasioned by a cold drink or

* Especially if there remain a taste of the food in the mouth; Nux vomica is in many cases superior to Antimony. The spasmodic vomiting of mucus, which sometimes remains for hours after the contents of the overloaded stomach have been thrown off, is stopped by Nux vomica.—HEMPEL.

† The most prominent symptom of a gastric derangement, arising from violent chagrin, is sometimes a deep sopor, from which the patient can only be roused by shaking him violently; this condition yields to Opium 18.—HEMPEL.

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fruit, Arsenic and sometimes Pulsatilla are the best remedies; a gastric derangement which is characterized by a good deal of flatulence, and arises from eating cabbage, and other kinds of food containing watery particles, yields to Bryonia.

If the usual symptoms of a gastric affection be accompanied by the gulping up of an acrid acidity from the stomach, or if the acidity exist without the other symptoms as a chronic affection, which is usually termed heartburn, Nux is the best remedy, provided it corresponds to the remaining symptoms; for chronic heartburn, Sulphuric acid is perhaps more frequently suitable, provided all the accompanying symptoms correspond.

The above-mentioned symptoms, denoting a disturbance of the gastric functions, may all be brought on by the fault of the patient; but they may also occur as a sporadic or epidemic disease while the patient is under treatment for some chronic affection. Under those circumstances the above-mentioned remedies have to be employed, but in as weak doses as possible, lest the treatment of the principal chronic affection should be entirely interrupted.*

§ 42. *Gastric fevers; saburral, gastric, bilious fever.* We have alluded to the precursory symptoms of

* There are other symptoms, and also other remedies, for gastric affections, which Hartmann has not mentioned. We recommend Calcarea carb., Carbo veg., China, Capsicum, for acidity of the stomach and heartburn, each of those remedies to be chosen in accordance with the symptoms.

Carbo animalis is an excellent remedy for sour stomach, with scalding sensation in the throat.

Lycopodium for acid risings from the stomach, constipation, cuttings from the liver to the epigastrium.

Arsenic for burnings in the pit of the stomach, œsophagus and pharynx, with constrictive or suffocative sensation in the throat, and constant thirst; or for sensation as if the stomach were torn to pieces.

Digitalis for excessive debility in the region of the stomach as if this would die; accompanied by irregular pulse.

Ignatia for great weakness in the epigastric region, with a burning pricking.

Spigelia for a strange sensation of weak soreness in the pit of the stomach; the patient cannot bear the pressure of the clothes; this pain is frequently accompanied with soreness of one eye-ball, and pain on turning it or looking down; twitchings in the lid, sensitiveness to light.

Lachesis for excessive rolling of wind from the stomach upwards.

Nux vomica for gastric derangement arising from abuse of coffee or spirituous drinks.

Merc. for soreness as of an abscess in the pit of the stomach.—HEMPEL.

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those fevers in the preceding paragraphs. If the precursory symptoms be not relieved, and the gastric fever become fully developed, then the fulness and pressure in the region of the stomach increase, that region becomes distended, although it remains soft and is not sensitive to pressure; it is filled with gas, as may be ascertained by percussion, accompanied with inclination to vomit, rising of fetid air, sometimes vomiting of food and tenacious, bile-coloured mucus; the tongue is covered with a thick crust of dingy-yellow mucus, the abdomen is soft, the bowels are either constipated or else the patient discharges a quantity of fetid stool, consisting of badly-digested food. A peculiar kind of headache is almost always present, a sort of pressure in the forehead, commencing in the frontal sinus and thence spreading over the orbital region; general feeling of debility; wretched, disfigured appearance, with yellow tinge of the whites of the eyes; the chilliness is more or less violent, succeeded by heat and dryness of the skin; the pulse is irritated, quick, soft, sometimes intermittent, or at any rate unequal, the urine is turbid, smells like horse-urine.

If the bilious symptoms be particularly prominent (in which case the fever is called febris biliosa, or in the language of the older physicians, causus) all the symptoms are then generally more violent, the heat is very great, there is great burning and turgescence of the skin, the restlessness and the thirst are great, the patient has a great desire for sour drinks, and the prevalence of the bilious symptoms is visible all over. The tongue has a lemon-coloured coating, which becomes gradually brown, taste and eructations are bitter, the patient vomits a greenish, bilious matter, the bowels are confined, or else there are yellowish, green or brown discharges from the bowels, the countenance looks livid, and somewhat jaundiced; these symptoms are sometimes accompanied by sensitiveness, hardness, tension, warmth, burning in the region of the liver and stomach; the urine is dark-brown, tinged with the colouring matter of bile, the pulse is frequent, full, intermittent or double-beating.

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§ 43. The gastric fever is liable to be confounded with typhus, from which it is distinguished by the absence of all nervous symptoms (which may exist, however, when the fever is of a torpid character), and of the aching pain in the occiput; nor are the senses of sight and hearing disturbed with illusions; in typhus the region of the stomach is not distended, but is painful to the touch; there is no pain in the region of the cœcum, which is a constant characteristic of typhus; the characteristic typhus evacuations from the bowels are likewise wanting in gastric fever, nor is the spleen enlarged.

Individuals with weak stomachs, suffering with dyspepsia and great irritation of the mucus membrane of the stomach, are particularly predisposed to gastric fever. Cold and wet weather in the summer-season favours the occurrence of gastric fevers, which are even epidemic at such periods; they may be likewise occasioned by injurious and heavy food, stimulating medicines and bitters, overloading the stomach, by chagrin, anger, cold on the stomach. Epidemic bilious fever is sometimes developed out of an epidemic fever and ague.

The course of the disease is sometimes very rapid, twenty-four or seventy-two hours, sometimes it lasts fourteen or twenty-one days. A successful termination of the disease is generally accompanied with profuse evacuations of some kind, either vomiting of badly tasting, bilious substances, or fetid stools, profuse sweats, clear urine, with earthy, flocculent sediment; in a few cases miliary eruption makes its appearance upon the skin in the region of the abdomen; an eruption upon the lips is frequently present. The fever may leave chronic derangements in the digestive system, or may pass into typhus or intermittent fever. If the so-called typhoid symptoms supervene during the course of the gastric fever, the abdomen becomes distended, meteorism sets in, a constant sensation of pressure is experienced in the region of the stomach, there is a constant inclination to vomit, the coating of the tongue is browner than usual, the tongue is dry, the

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extremities are cold, the pulse is frequent, wiry, small, the urine is brown, decomposed, emitting a strong ammoniacal odour, the patient becomes delirious; involuntary discharges of fæces and urine, sopor, and the usual typhoid symptoms set in. Death rarely takes place by local disorganizations, inflammation and ulceration of the mucous membrane of the stomach; death is more frequent by the gastric fever passing into typhus, and paralysis taking place in consequence. Should a chronic inflammation and subsequent suppuration of the mucous membrane of the stomach set in, the physician's attention will necessarily be directed, by the obstinate duration of the gastric symptoms, to such a process of disorganization having commenced; and he will find that the fever, which gradually increases again, has become a slow, chronic, secondary affection, depending upon the incipient degeneration.

In most cases the prognosis is favourable; the complication with typhoid symptoms makes it more doubtful. The convalescence is generally very short.

§ 44. The homœopathic treatment of simple gastric fevers is generally very easy, and, in most cases, successful. The lighter forms of those fevers, such as saburral fevers, frequently terminate in two or three days. The following remedies deserve a preference in the treatment of those fevers: Puls., Bryo., Nux vom., Ipec., Tart. emet., Antim. cr., Chamom., Coloc., Acid. phosp., and Arsenic.

What we have said of the treatment of the premonitory gastric state, is likewise applicable to the simplest kind of gastric fever, the saburral fever. The same remedies will generally be found sufficient.

Pulsatilla is a specific remedy in that affection when the patient is out of humour and disposed to weep, and when the following symptoms are present: great chilliness, absence of thirst, aversion to food, especially warm, meat, bread, milk and tobacco; slimy, sour, bitter taste, eructations, vomiting of food, pressure at the stomach, and sensation as if the food were in the intestines undigested, rumbling in the abdomen, nightly green stools, restless night sleep, disturbed with dreams.

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Pulsatilla is adapted to individuals with excessive venosity, when a throbbing is experienced in the pit of the stomach, when the patient is periodically affected with stinging pains in the stomach, and the fever exacerbates in the forenoon. Pulsatilla is likewise suitable in that form of gastric fever, which was designated by the older physicians as a febris gastrico-venosa. If a sense of illness, debility, a chilliness in the body, and a want of appetite, should remain after the exhibition of Antimonium crudum, these symptoms will yield to Pulsatilla; the symptoms remaining after Antimony may likewise indicate Nux or some other remedy.

Nux vomica is especially suitable to irritable, lively, plethoric and hypochondriac individuals, whose digestive powers have been weakened by mental exertions, a sedentary mode of life, abuse of coffee and spirituous drinks. Nux is likewise indicated when the gastric fever arose from a violent commotion of the mind by surprise, fright, quarrelling, etc., and the proper specific was not at once resorted to, allowing the fever time to establish itself in the system. If the gastric disease was occasioned by frequent chagrin, and the symptoms occasioned by those mental disturbances do not yield to the specific remedy, Nux ought to be employed (Pulsatilla rivals Nux under those circumstances). Nux may likewise be administered for the following group of symptoms: considerable heat in the face, burning heat in the eyes, dry lips, great thirst, violent lancinating pain in the forehead or hemicrania, brownish or slimy coating of the tongue, acid taste in the mouth, nausea, tension and distention of the region of the stomach and of the abdomen, with fulness and pressing towards the chest, oppression of breathing, anxiety, violent, spasmodic pains in the stomach, with sensation of griping and tearing away, rumbling and pinching in the abdomen, constipation, flatulence, yellowish tinge around the nose and mouth, general restlessness, great sensitiveness of the organs of sense.

If there should be an excessive tendency of the vital

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action upward and downward, with vomiting and diarrhœa, cutting pains in the whole of the abdomen, with fetid flatulence and discharges of undigested food, Antimonium crudum is the best remedy even in the most obstinate and dangerous cases. Ipecacuanha corresponds more to a gastric derangement brought on by general causes, such as: weather, etc. (in opposition to a gastric derangement occasioned by specific influences, such as: fat food, etc.), when inclination to vomit is present, or when the nerves of the stomach are excessively sensitive and irritable, and the introduction of the least quantity of food into the stomach brings on the vomiting.

Remedies that affect the healthy organism in a similar manner, must necessarily correspond to similar morbid conditions; this is especially the case with remedies which antidote one another. It is for this reason that Tartarus emeticus, which antidotes both Ipec. and Puls., is a useful remedy in gastric fevers. This remedy deserves a preference when the following symptoms make their appearance: great drowsiness with the fever; reddish, itching rash on the trunk, especially the chest; violent vomiting and nausea day and night, yellow-brown diarrhœic stools, with excessive cutting in the bowels.

Bryonia is a distinguished remedy in gastric fevers, which depend upon a double cause, cold and chagrin. It is indicated when the gastric derangement is accompanied by great febrile heat, mingled with slight chills, great debility, nightly exacerbation of the symptoms, when the patient is irritable and out of humour, and complains of a pressing pain in the forehead from within outward. These symptoms are accompanied by dry mouth and tongue, violent thirst, desire for acidulated drinks, pressure at the stomach, stinging in the liver when touching the region of that organ, or when coughing and taking a deep inspiration; empty retching, continuing for some time, and gradually increasing to a bilious vomiting after a good deal of hickuping (this shows that Bryonia is a good remedy in bilious fevers), accompanied with pinching, cutting

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colic, constipation being sometimes present Bryonia deserves consideration when the gastric fever is complicated with rheumatism, and when the synochal fever threatens to assume a typhoid character.

Colocynth is on a par with Bryonia. It deserves a preference when the gastric fever was brought on by a fit of indignation, by deep mortification in consequence of humiliating treatment, and when it is accompanied with sleeplessness, violent heat, with a hot, dry skin, and a full accelerated pulse. The colocynth fever is likewise characterized by a pressing pain in the forehead, which is more violent in the recumbent posture than in walking. The gastric symptoms are not as intense as those indicating Bryonia. If vomiting be present, it is copious, and the ingesta are thrown off; the colic is generally very violent, is occasioned by eating the slightest quantity of food, and generally consists in a violent cutting, with chilliness and tearing in the lower limbs, and frequent yellow-greenish diarrhœic stools. Colocynth is an excellent remedy, not only in gastric, but also in bilious fevers.

Acidum phosphoricum is an excellent remedy in such fevers, when they arise from grief, deep and gnawing sorrow, anxiety and care, and are accompanied by great restlessness, a pushing and tumult in the blood, and profuse sweats. The fever generally consists of alternate chilliness and heat, strong, irregular pulse, and extreme apathy. The pressing headache is likewise present, but more in the vertex than in the forehead, and is accompanied with a sensation as if the brain were bruised. The whites of the eyes are of a dingy yellow, the eyes are faint, without lustre, sunken, surrounded with bluish circles, and making the face look pale and sunken. The thirst is greater than the appetite, which is constantly accompanied with nausea; after every meal the patient experiences a painful pressure in the pit of the stomach which is increased by contact. Characteristic indications are the burning in the abdomen with sensation as if it were distended, especially in the umbilical region,

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and the discharges by the rectum of white-grey mucus.

One of the principal remedies in gastric fevers, and indeed in many other affections of the mucous membranes, is Arsenic. It is indicated by an excessive prostration of strength which is by no means proportionate to the intensity of the other symptoms, by great dry and burning heat, and panting for drink; a number of other symptoms which do not generally belong to gastric fevers: such as tearing, burning pains in the extremities, spasms, pressing headache, loss of appetite, evanescent sweats, anguish, etc., are likewise present and, by a process of metaschematismus, invade other parts and internal organs. Arsenic deserves especial consideration when the gastric symptoms are accompanied with violent burning pains in the stomach and pit of the stomach, swelling and pain of the liver and spleen, meteorism.

The following remedies which are likewise useful in some forms of gastric fever, will be spoken of more in detail in the subsequent paragraphs: Veratrum, Belladonna, Cocculus, Mercurius, Staphysagria, Digitalis, China, Taraxacum, Asarum, Ignatia, Colchicum.

§ 45. If the bilious symptoms be the most prominent, Chamomilla is a principal remedy, especially if the fever originate in violent chagrin or vehemence and be characterized by great general heat, burning of the face and eyes, violent thirst, bitter bilious taste in the mouth, vomiting of a substance which is bitter as bile, thick, yellow coating of the tongue, tension of the abdomen, and the hypochondria, colicky pains in the abdomen accompanied with rumbling, watery, green, yellow evacuations, startings as if in affright, tossing about during sleep, sallow, yellowish complexion, excessive irritability and sensibility to pain, painful pressure at the stomach as from a stone, with shortness of breath and anguish. Only in case Chamomilla should have been used as a tea previous to the arrival of the physician, it ought not to be administer-

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ed as a remedy.* In such cases Coffea, Ignatia, Nux, Cocculus, Pulsatilla are better indicated.

Ignatia is preferable to Chamomile, when the bilious fever has arisen from concealed chagrin and when the usual Chamomilla symptoms are moreover accompanied with silent grief and shame. If the fever was occasioned by chagrin with indignation, Staphysagria is the remedy. Staphysagria is likewise indicated when the disease commenced with fainting fits.

Mercurius deserves especial consideration, when the gastric-bilious condition is accompanied with frequent diarrhœic stools of green mucus which is sometimes acrid and streaked with blood, the discharges being almost always preceded by a painful pressing in the rectum and an anxious tremor with colic ; the patient is moreover affected with a jaundiced colour of the skin, yellow-coated tongue, bitter taste and eructations, desire for sour things, great sensitiveness of the region of the liver which is painful and distended, the urine is dark and has a putrid smell.

China deserves consideration in cases of debility occasioned by the use of cathartics and emetics, (it will therefore have to be frequently employed in gastric fevers which had been treated in the usual old-school fashion) and when the following group of symptoms occurs: Dulness and want of clearness in the head, vertigo when raising the body, tearing headache, especially at night; restless, unrefreshing sleep, clay-coloured, yellowish tinge of the skin, and whites of the eye ; yellow coating of the tongue, dry lips, want of appetite, bitter eructations and taste, retching and pressure at the stomach, oppression of the chest, frequent whitish or greenish-yellow stools, emission of fetid flatulence, which affords no relief; dark red urine, slight thirst, great debility, disposition to be vehement and out of humour; enlargement, and induration of the liver and spleen.

* As a general rule; but there are cases of bilious fever or bilious colic where Chamomile tea has been used without effect, and where the homœopathic preparation of that drug effected a cure. Such cases have occurred in my practice at any rate.—HEMPEL.

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If the gastric and bilious symptoms be accompanied with violent cutting pains in the abdomen which appear at intervals and seem to proceed from flatulence; if there be an entire want of action in the rectum, constipation or else greenish-yellow diarrhœa with loud rumbling and frequent emission of flatulence; if the abdominal pains be so violent that the patient is on the point of losing his senses, and the body becomes cold; if the patient have an anxious, irritable, hypochondriac mood: Veratrum album is frequently the best remedy.

§ 46. We sometimes meet a peculiar form of gastric fever, which was formerly termed febris venoso-gastrica. This kind of fever is almost always preceded for a time, often even for years, by the symptoms of predominant venosity and abdominal plethora, which is easily increased by an error in diet, or by other hurtful influences, and, in that case, gives rise to febrile phenomena and to derangements in the digestive and the portal system. The fever is obstinate and remitting, the patient's countenance is red and puffed, he is anxious, out of humour, melancholy, the bowels are slow, the tongue is coated, the appetite is gone, there is nausea, changed taste, without, however, any evidence of undigested food having remained in the intestinal canal, the pulse is mostly hard, small, not frequent, the urine is either not altered or else dark and smells like horse urine, there is not much sweat, and sometimes the sweat is cold. After the fever has lasted about a fortnight, the patient discharges a considerable quantity of fetid, bilious, or slimy substance; these discharges relieve the patient and generally break the fever. We have already mentioned that Pulsatilla is a chief remedy in such fevers; but Digitalis is likewise recommended. It is especially suited to individuals with sanguine temperament and soft, flabby muscles, slow pulse, weak stomach, nausea, bitter mouth in the morning on waking, vomiting of the ingesta, spasmodic griping, tearing pain in the stomach, sensitiveness of the pit of the stomach to pressure, vertigo, aching pain in the forehead over the eyes, great debility as if one

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could not stand upon one's feet, little sleep and anxiety. Among the other remedies, we distinguish Nux vom., especially when the small of the back is weak, and a pain as if bruised is experienced in that region, Verat. album, Belladonna, Bryonia, Chamomilla, Rhus tox., Capsicum, Arsenicum, and especially Sulphur; this latter remedy is a specific remedy in this disease arising from chronic abdominal plethora, which is frequently accompanied by hæmorrhoidal affections.

Cocculus and Belladonna deserve a particular mention in the treatment of this class of fevers. Cocculus is especially adapted to gastric-bilious fevers which arise among other causes from chagrin and abuse of chamomile, and are aggravated after every eating and drinking, sleeping, talking, smoking, coffee; the aggravation frequently amounts to a fainting fit, after which great debility and trembling of the limbs remain. The fever consists principally in a sudden, pretty violent flush, with thirst, small, hard pulse, cold feet, and excessive sensitiveness of feeling. The gastric symptoms are: change of taste, aversion to food or drink, with heat and redness of the face, frequent bitter eructations followed by hickup, oppression at the stomach, and pain in the hypochondria; constipation.

Both Cocculus and Bellad. are particulary adapted in such fevers to children and females. Belladonna is particularly useful when the fever occurs after a cold, in lymphatic and scrofulous subjects. The fever itself is a violent burning heat, with strong, quick pulse, great thirst, profuse dark urine, the sleep is disturbed by frightful dreams; the mind is agitated, the blood rushes to the head, which aches intensely, the cheeks are hot and red. These symptoms are frequently accompanied by a slimy and bilious vomiting, a burning, griping tearing in the umbilical region, and frequent but ineffectual urging for stool.

§ 47. In robust and plethoric young individuals the febrile phenomena are sometimes very strongly marked and intense, requiring the exhibition of Aconite, which is so much more advisable as Aconite has proved a specific against the consequences of fright, anger,

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chagrin, especially when the circulation and the functions of the liver were disturbed by those causes. Aconite is particularly indicated by violent chills followed by a general dry and burning heat, hard, full, bounding, accelerated pulse, great thirst, and a general profuse sweat succeeding after the heat.

If typhoid symptoms should set in, or if the fever should become a real typhus, the remedies which will be more particularly described in the chapter on typhus, such as Bryonia, Belladonna, Rhus tox., Phosphorus, Arsenic, etc., require to be used. Arsenic is suitable even in purely gastric fevers when the following symptoms are present: blackish, diarrhœic stools, accompanied with violent colic, vomiting, great internal burning heat, dry lips and tongue, unquenchable thirst, excessive debility and prostration, great anguish, nightly restlessness, burning and beating in all the blood-vessels, clammy sweats, apoplectic symptoms.

The diet requires to be carefully regulated, of course. However, errors in diet need scarcely to be apprehended, as the patients have an aversion to food, especially warm food. The best beverage is fresh water, in a very few cases some other drink may be given.

§ 48. *Mucous fevers, erethism of the mucous membrane of the intestinal canal.*

This fever is essentially a catarrhal affection of the greater portion of the mucous membrane of the chylopoëtic canal; sometimes the mucous membranes of the other systems and organs are likewise affected. The precursory symptoms which sometimes set in a long while before the fever breaks out, are: loss of appetite, flat taste or entire absence of taste, white slimy coating of the tongue, loathing, great repletion of the stomach, irregular evacuations, pale countenance and debility, and other symptoms which have already been mentioned among the precursory symptoms of gastric fever. All those phenomena are generally mild, sometimes the patient feeling rather comfortable, chilly. As a general rule the develop-

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ment of the disease takes place in a concealed manner, the symptoms have a mild character and the disease is on that account, easily neglected and overlooked. As the disease proceeds, the patient throws up a tasteless white mucus, the stomach is distended by the introduction of the least quantity of food, a tension and pressure being experienced at the same time; the tongue which had been so far covered uniformly with a white mucus, now becomes dark-red at the tip and on the edges, which indicates the setting in of a typhoid condition. On the other hand we sometimes see the tongue remain white during the whole course of the disease, but it becomes dry especially in the evening; the taste is unpleasant, with sensation as if the mouth were filled with mucus, which is sometimes visible and lines the mouth and palate like glue; in the morning long threads of a thick, tenacious mucus are either hawked or gagged up. The bowels are generally slow or confined; only when the affection spreads over the mucous membrane of the lesser intestines, the patients have from two to six stools a-day, accompanied with rumbling and pinching, the discharges consisting in white, jelly-like thready mucus, mixed with undigested food, the colouring matter of bile and pieces of worms; the urine is straw-coloured, loamy, flocculent, and depositing a whitish sediment. In the commencement the fever has distinct remissions which afterwards become almost imperceptible, the pulse is seldom frequent, rather soft, more so than full and irritated; thirst and sweat are moderate, sometimes however the patient has a great desire for drink, the skin is slightly warm, the patient feels weak. Drowsiness, aching of the forehead, restless night sleep, dim eyes without lustre are almost constantly present, the patient is generally indifferent, peevish, in a state of apathy.

§ 49. The mucous fever which is frequently confounded with gastric fever and typhus, is sufficiently characterized by the peculiar symptoms of the mucous membranes which make their appearance in the very commencement of the disease, by the copious secretion

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of a tenacious, albuminous, thready mucus, by the coating and the peculiar colour of the tongue, by the mildness of the fever, with a pulse which is but slightly or not at all accelerated, and by the absence of pain in the ileo-cœcal region, of the characteristic typhus evacuations from the bowels, of enlargement of the spleen, etc.

Predisposing causes are: youthfulness, female sex, scrophulosis, worm affections, disposition to chronic blennorrhœa of the abdominal organs, especially the stomach. The outbreak of the disease is favoured by wet and cold or damp summer weather, and by confining one's self to a vegetable diet, consisting principally of indigestible, heavy food; these causes are often sufficient to make the fever epidemic.

The course of the disease is always slow; in the most favourable circumstances it lasts a fortnight, sometimes much longer, as the patient is liable to relapses and temporary aggravations. As the disease progresses, the symptoms frequently change; sometimes the increased secretion of mucus spreads over the mucous membrane of the whole abdomen, the respiratory, urinary, and genital organs; or the fever assumes the so-called typhoid character, with muttering delirium, humming in the ears, dull and stupid feeling of the head, hardness of hearing, subsultus tendinum, grasping at flocks. Very often a rash, in the shape of white crystal-coloured vesicles, makes its appearance, accompanied with profuse, fetid, exhausting sweats. Sometimes aphthæ form in the mouth with fetid, cadaverous smell from the mouth, and ptyalism; the aphthæ may even affect the mucous membrane of the whole abdomen, as may be inferred from the existing tenesmus and the shreds which are discharged from the rectum.

The disease is rarely complicated with other diseases; in young, plethoric individuals, however, the mucous membrane may become inflamed and ulcerated.

Post-mortem examination has shown the following

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results: the mucous membrane of the chylopoëtic canal is covered with thick viscid mucus, the mucous membrane itself is interstitially distended, of a dingy grey colour, reddish, and softened to such an extent that it can be pulled off or even wiped off, like pap; the criptæ mucosæ are enormously enlarged, distinctly visible; some parts look as if the mucous membrane had been cut off, without redness, swelling, or interstitial distention about the edges.

The prognosis is not unfavourable even when the disease is perfectly developed, or the treatment has been neglected. Slimy diarrhœa, supervention of typhoid or putrid conditions, with rash and aphthæ, discharge of decayed worms make the prognosis very doubtful. Recovery is generally characterized by the following appearances: mild sweat (a rash making its appearance which afterwards scales off), straw-coloured urine, with a thick clayish sediment, and calm sleep, but it is almost always slow, and the patient is greatly inclined to have relapses. Death either takes place by the formation of aphthæ covering the mucous membrane of the abdominal and respiratory organs and becoming gangrened, or in consequence of the non-appearance or the retrocession of the rash, or by paralysis of the abdominal nerves causing meteorism, involuntary discharges of cadaverous stools, small, weak and trembling pulse, and sopor, or lastly the brain may become paralyzed.

§ 50. It is of great importance in this disease to employ suitable remedies before the fever is fully developed; this will frequently enable us to cure the patient in a very short time, whereas, if the precursory stage be neglected, the disease becomes very obstinate. The principal remedies for the precursory symptoms of mucous fever are: Pulsatilla, Ammonium muriaticum, Nux vomica, Ipec., Merc., Dulc., Ignat., Staphys., Senega.

Pulsatilla deserves a preference over every other remedy in individuals of a flaccid, lax, venous-lymphatic constitution, who, by eating too much fat and

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rich food, have brought on a total want of appetite, flat, slimy taste, coated tongue, chilliness, ill humour, and a want of muscular tonicity.

The physiological effects of Ammonium correspond perfectly to the symptoms of the status pituitosus. For centuries past Ammonium has been recommended for those morbid phenomena which it produces in the healthy organism in the most striking manner. White slimy coating of the tongue, constant hawking, occasioned by a quantity of viscid mucus in the throat; a disagreeable, pappy taste in the mouth, with confluence of water, aversion to food, loathing, empty eructations, gulping up of bitter, sour water, *malaise* and warmth in the stomach, discharge of glassy, tenacious mucus by the rectum, etc., indicate the use of Ammonium.

Nux vomica is suitable when the patient has been irritated by chagrin, and when the following symptoms occur: dry tongue, coated with white mucus, disposition to acidity of stomach, dyspeptic symptoms after every meal, heartburn, distention of the pit of the stomach, constipation, dull and obtuse feeling about the head. Dulcamara is recommended when the fever has been occasioned by a cold, and when it is characterized by the following group of symptoms: flat, soap-like taste, great thirst, dryness of the tongue, increased secretion of saliva, aversion to any kind of food, dingy white coating of the tongue.

Another distinguished remedy is Mercurius, which corresponds both to the precursory symptoms and to the disease itself, when it has reached a certain degree of development. Mercurius is indicated by the following symptoms: increasing diminution of appetite, tongue coated with white mucus, excessive and painful dryness in the throat when swallowing, putrid taste and smell, loathing and nausea, tearing burning pains in the temples, pressure and tension in the pit of the stomach, in the region of the stomach and liver, regurgitation of an acrid fluid into the mouth, turbid, slimy urine depositing a sediment, irregular evacuations, with frequent tenesmus, pale, livid, yellowish

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countenance, debility, want of irritability; characteristic symptoms are: thick coating of a dirty mucus on the tongue, flat, pappy taste as of soap, great desire for piquant dishes, dryness of the mouth and throat, sluggish stools or else constipation, or diarrhœic stools of fetid mucus, great mental and physical prostration.

In the commencement of the disease, Ignatia is sometimes useful, especially when the symptoms are changeable, and when the following group of symptoms occurs: great indolence, inclination to lie down, weight and pressure in the forehead, pain in the pit of the stomach, alternate redness and paleness of the face, dry and chapped lips, white-coated tongue, flat, insipid taste, great aversion to food and drinks, regurgitation of a bitter substance, frequent discharges of white mucus; sudden flushes of heat over the whole body are frequently present, with small, accelerated pulse.

Staphysagria may likewise prove useful in the first commencement of the disease, and competes with Ignatia when the disease has been occasioned by moral emotions. But even in the highest degrees of pituitous fevers, Staphysagria is an excellent remedy, even when typhoid and putrid symptoms have made their appearance. The attending physician will easily discover the symptoms indicating Staphysagria without our mentioning them. All that we intended to do was to point to Staphysagria, and likewise to Senega, which is indicated for many affections of the mucous membranes, especially when the patients are of a phlegmatic, passive disposition. In cases where Senega is indicated the fever is not very violent, there are merely slight shiverings and heat, accompanied by a beating pain in the head, laboured breathing with anxiety, stitches in the chest, the whole body feels bruised, the pulse is frequent, and the thirst increased; the stools are rather less frequent, in a few cases more frequent than usual; there is an accumulation of viscid mucus in the throat, occasioning constant hawking.

The following remedies have likewise been found

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useful in practice: Bryo., Rheum, Cham., Dig., Antimonium cr. and Tart. emet., Cina, Bellad, Ac. sulphur., Ars., Phosph., Sepia, China, Rhus, Spig., Mezereum. Digitalis especially is a distinguished remedy in fully-developed mucous fevers when the vital forces are greatly depressed, when the pulse is slow, the patient is very feeble, complains of pressure and fulness in the pit of the stomach, constant loathing, nausea and frequent vomiting, thirst, diarrhœa, vertigo, aching in the forehead over the eyes, restlessness, and scarcely any sleep.

Sepia may likewise be ranked among the remedies for pituitous fever; it is frequently adapted to fevers of that kind which have a long run without being characterized by any violent symptoms. We take this opportunity of remarking that Sepia is an excellent remedy for plethora venosa abdominalis, provided the symptoms correspond.

If the fever assume a torpid character and typhoid symptoms make their appearance, Bryonia will be found an excellent remedy as long as the typhoid symptoms have not reached a high degree of violence and when the following group of symptoms occurs: violent congestion to the head, dry, burning heat, dry lips, dry, red tongue, pressure at the pit of the stomach, constipation, wandering looks, slight delirium, etc. Rhus corresponds to similar symptoms when the pulse is very much depressed. Belladonna deserves a preference when the brain is principally affected and when the following symptoms occur: quick, hard pulse, dry skin, great thirst, parched tongue. If the increased secretion of mucus spread over the respiratory organs and the intestinal canal, if expectoration of mucus, rattling in the trachea and diarrhœa be present, if the patient lie still with open mouth, dry, parched, black lips and tongue, if the respiration be oppressed and delirium and floccilegium be present, Phosphorus is the suitable remedy. If rash, threaten to break out, which is almost always accompanied with a peculiar sighing breathing, Ipecacuanha is particularly suitable. If the rash should have actually

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broken out, or should have receded, Arsenic may still save the patient's life. The characteristic symptoms in such a case are: sopor, cold sweats, blackish lips and teeth, dry, trembling tongue, unquenchable thirst, meteorism, involuntary discharges of fæces and urine, snoring, oppressed, and excessively hurried breathing, small, trembling, very frequent pulse, automatic movements of the hands, nightly muttering delirium. (Acidum phosp., and Carbo veg. ought to be thought of when those symptoms occur). Arsenic is likewise indicated when aphthæ form in the mouth, no matter whether it be a simple or putrid ulceration, and affect the whole intestinal canal. For simple aphthous ulceration Mezereum may likewise be indicated, especially when a violent burning in the fauces and stomach is present, and the aphthæ look flat and flaccid; Mercurius, Acid. nitr. and sulp. may also prove curative. If gangrene threaten to set in, Arsenic is the first remedy, China, Ac. mur., Carbo veg. and Baryta are the principal remedies next to Arsenic.

The diet is of the utmost importance both in the precursory stage, in order to prevent the full development of the fever, and in the stage of convalescence, in order to prevent a relapse. The object of diet in the precursory stage is to arrest the excessive secretion of mucus; in the stage of convalescence the object of diet is to invigorate the patient by suitable nourishment without exposing him to the danger of having a relapse for which there is a great disposition. The patient ought to take small quantities of liquid food with a good deal of drink, the convalescent patient may add a few drops of wine to his drink.

§ 51. *Worm fever; helminthiasis.*

Worm affections, with or without fever, are evidently chronic diseases. Entozoa are no disease, but the product of disease, which may however react upon the organism as a morbific cause. We class worm fever and even the chronic condition which is termed helminthiasis, among the acute diseases for this reason, that a worm fever is very similar to gas-

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tric and pituitous fevers, and that it generally sets in only while the organism is under the influence of some other affection which makes the contents of the bowels unpleasant to the worms; when this is the case, the worms writhe and twist themselves about in the intestines, irritating the mucous membrane of these organs.

Physicians have mentioned so many symptoms as indicating the presence of worms that it is difficult to offer a well-marked image of a worm fever. Many of those symptoms are extremely changeable; they are occasioned by the temperament, sex, individuality, or mode of life of the patient, or may characterize the gastric, pituitous, or other similar affections of the patient. Nevertheless there is a sufficient number of characteristic symptoms which leave no doubt about the true nature of the affection; these are the phenomena which reveal the characteristic irritation of the mucous membrane of the intestines. But even of these symptoms, no single symptom has any decisive value as a diagnostic symptom; it is the simultaneous occurrence of a number of such symptoms which decides the character of the disease. The discharge of one or more worms or pieces of worms is no certain proof that the existing fever is occasioned by those animals, since it is a well-known fact that worms may even exist in the healthy body, and probably do exist more or less in every child. The following are the more permanent symptoms of a worm disease: pains in the abdomen, almost always proceeding from the umbilical region, and being frequently a mere sensation of pressure or constriction, which is sometimes very violent, amounting to colic; if the affection arise from ascarides, the pain is generally local, accompanied with the following symptoms: troublesome itching of the anus, especially in the evening, dysuria, stranguria, tenesmus, apparent hæmorrhoidal sufferings, discharge of mucus by the rectum, bladder, vagina; uncommon periodic sadness, gloominess, and irritability of temper; when tænia is present, the patient frequently experiences a sensation as if something were crawling or

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twisting itself from the left side of the abdomen towards the stomach and even the œsophagus; or a sensation as of the undulating movement of a cool ball in one or the other side, sensation as if something were sucking in the abdomen, vertigo, tingling and numb sensation in the fingers and toes, they are disposed to go to sleep; the pain is *always periodical*, not continuous, it occurs principally in the morning and when fasting, and is generally relieved by eating; the quality of the food influences the pain greatly: it is increased by milk, sugar, and other sweet things, by acrid and salt food, ham, cheese, and by the so-called anthelmintica. The abdomen is not painful when pressed upon, it is soft, sometimes distended, the taste in the mouth is unpleasant, the smell from the mouth is offensive, the appetite is irregular, now canine hunger, and then again aversion to food; the tongue is frequently coated white, and the mouth is filled with water. The bowels are at times confined, at times there are loose and slimy stools. If the worms be lodged in the duodenum and stomach, there is pressure and a gnawing pain in the pit of the stomach, eructation, vomiting, sometimes even vomiting of worms. Other symptoms are: itching, tingling, and bleeding of the nose, frequent sneezing; pale countenance, sunken eyes surrounded with blue margins, squinting, dilated pupils; restless sleep, during which the patient starts frequently; ruminating, grating of the teeth, talking in sleep; indolence; emaciation of the extremities; bloatedness of the countenance. The febrile erethism is characterized by a little chilliness, a small, irregular, and even intermittent pulse, clammy sweat, turbid urine, smelling like horse urine. The febrile phenomena, as a general rule, are vague and uncertain, sometimes they are very violent, the heat being very great and accompanied with sopor, shrieking and trembling. Less permanent symptoms are: jactitation of the muscles, spasms, vertigo, fainting turns, illusions of sight and hearing, oppression of the chest, palpitation of the heart, hickup, paralysis, stupor, sopor, cerebral diseases, hemorrhage, blennorrhœa, ischury,

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strangury. Worm affections almost always increase and decrease with the moon; when the moon is on the decline, a quantity of worms is frequently passed.

§ 52. The formation of worms occurs most frequently in childhood. Sometimes the worms are hereditary (they have even been found in the fœtus); they occur rarely in infants at the breast, most frequently in the period of dentition, very rarely in the age of adolescence (except tænia, which is most frequent at that age), and rather more frequently in the declining age; they are more apt to be found in females, and in persons of a leuco-phlegmatic constitution, with disposition to excessive formation of mucus and blennorrhœa. Exciting causes are: bad food, vegetable diet in preference to meat, uncleanliness, and a damp, tepid atmosphere, which may convert helminthiasis into an endemic or epidemic disease.

Helminthiasis may easily be confounded with hydrocephalus, especially when the so-called nervous symptoms, sopor, spasms, dilated pupils, vomiting, are present; but in helminthiasis the abdomen is soft and distended, whereas in hydrocephalus it is flat and drawn in; in hydrocephalus the head feels hot to the touch, and the symptoms occur in a certain succession, whereas in helminthiasis the symptoms are changeable, and occur at uncertain periods.

Worm diseases have a slow run, and are very much disposed to occur again, or the patient is apt to have a relapse. Other diseases, such as chronic inflammation of the mucous membrane of the intestines, resulting in perforation, mucous fevers, epilepsy, hectic fever (occasioned by the disordered process of nutrition), may arise from worm affections.

The prognosis is favourable; it is most favourable in diseases arising from ascarides, least favourable in tænia on account of the symptoms being more obstinate and the cure more uncertain. If the worms be lodged in the large intestine, the cure is always more easily accomplished than when the worms are lodged in the lesser intestines or the stomach.

§ 53. The surest way to cure worm diseases, is to

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remove that morbid condition of the digestive organs which always precedes and favours the formation of worms. According to Hahnemann's view it is not required to remove the worms, inasmuch as they result from a general constitutional illness, and an unwholesome mode of life; if the constitutional disturbance, which has generally a psoric origin, be cured homœopathically (which can be done easily in childhood), few or none of the worms will remain, or, at any rate, the children will not he troubled by them, whereas the worms are reproduced in quantities after the bowels have been purged with cathartic medicines, even when mixed with Cina. However, not to mention the circumstance that the organism is in a more or less anormal condition as long as worms are present, even if there should be an appearance of health, it is certainly true that the entire removal of the worms, either living or dead, is most desirable, and is, in some respects, the chief object of the treatment, inasmuch as it is the most certain proof that the remedies have effected a cure. As long as no troublesome or dangerous symptoms make their appearance medical aid is seldom resorted to against worms, nor is it required. We know very well that lumbrici and ascarides may live on the contents of the bowels of children without irritating these organs in the least. Worms, tænia excepted, require medical treatment so much less, as they exist only for a limited number of years in the organism; after that period the worms disappear of themselves, owing to the changes which take place in those vital secretions upon which the existence of the worms depended. At any rate a palliative treatment will be sufficient in such cases to effect a cure. We ought to observe, that notwithstanding the considerable number of remedies which we possess in our practice for curing worm affections, in which we succeed in most cases, there exist no specific remedies, and, indeed, there cannot exist any for the immediate removal of the worms; if this be desired we have to resort to large doses of the so-called anthelmintica. This, however, is entirely unnecessary;

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for we know for certain that the small homœopathic doses of a properly-selected remedy are entirely sufficient to destroy the worms, which are afterwards carried off by the rectum.

The following are the general remedies against worm diseases: Aconite, Bell., Cina, China, Dig., Ferrum, Asar., Calc. c., Graph., Ignat., Marum verum, Merc., Nux v., Filix mas, Sabad., Spigel., Stram., Stann., Silic., Valer., Verat., Sulphur, and others.

If the symptoms arise from the presence of ascarides in the colon and rectum (they are scarcely ever found in any other part), Acon., Ferr., Ignat., Merc., Nux v., and Valeriana are the best remedies. Against the intolerable itching and the feeling of excoriation and soreness, Ignatia, Tinct. sulph., and Marum verum are especially useful; Mercurius is indicated for the violent diarrhœa and tenesmus; Ferrum for the vomiting and the confluence of water in the mouth, Valeriana for the nightly itching and the muscular spasms and sleeplessness arising from it.

The morbid phenomena denoting the presence of lumbrici, generally correspond to Nux v.; China, Cina, Bellad., Merc., Spigelia. Nux v. is especially useful against great distention and sensitiveness of the abdomen and the region of the stomach, heat in that region, hard stool, inclination to vomit, excessive general irritability and sensibility, aggravation of the symptoms early in the morning.

China is indicated when the symptoms are aggravated principally at night, when after every meal the patient experiences a painful pressure below the umbilicus, fulness of the abdomen, heartburn with confluence of water in the mouth, cardialgia and retching; when the nervous system is excessively sensitive, with spasmodic jactitation of the muscles in various parts, tremor and debility (Valer. may prove useful when those symptoms occur).

Cina is a principal specific against worm affections of children, when arising from the presence of oxyurides vermiculares and ascarides lumbricoides, and when the group of symptoms is constituted as follows:

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evening chilliness, small, rather hard, frequent pulse, little sleep, tossing about, shrieking and starting in sleep, ill humour, imbecility, transitory paroxysms of delirium, weight in the limbs, alternate paleness and coldness, and then again redness and heat of the face, dilatation of the pupils, continual rubbing of the tip of the nose. stoppage of the nose, lying on the back with open mouth, coating of tenacious mucus on the tongue, offensive eructations, vomiting, hot, distended abdomen, colic, difficulty of evacuating the bowels, and costiveness, itching of the anus, the ascarides crawl out at the anus, the urine, which is emitted involuntarily, is white, turbid, cloudy, (compare Ignatia and Grap.)

Belladonna is most suitable when the cerebral functions are disturbed, and when the following symptoms prevail: somnolency, spasms, illusions of the senses, great thirst, starting during sleep as if in affright, paralysis of the anus with involuntary discharge of fæces and urine, retention of urine.

Spigelia corresponds to those symptoms which are especially violent after dinner, when the patient complains of pinching pains in the abdomen, with coldness and diarrhœa, canine hunger and thirst, morning nausea with sensation as if something were crawling out of the stomach into the throat, biting in the nose, pale countenance, palpitation of the heart, anguish.

If convulsions should set in, Cham., Ignat., Stram., Hyosc., will prove useful next to Belladonna; if there should be a violent vascular erethism, Aconite may be given before any other remedy. If the cutting pains in the abdomen should be accompanied with partial spasms of the abdominal muscles, and painful ineffectual pressing upon the rectum, Stramonium is recommended; Cicuta virosa is indicated for a febrile condition, with violent colic and convulsions. If the symptoms which characterize the worm affection, be worms discharged or not, are of a gastric, bilious, or pituitous nature, the remedies which have been indicated for those fevers will have to be used.

In scrofulous individuals worm fevers have been

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several times cured entirely by Silicea. That Silicea is a useful remedy in those fevers, is evident from the power which it possesses to occasion febrile and gastric conditions, and from the fact that the pathogenetic symptoms of Silicea are more marked at the time when the moon changes, which is likewise the case in worm fevers.

The most powerful remedy in eradicating the disposition for worm diseases is Calcarea; it is entirely adapted to children of a lymphatic, fleshy constitution, with disposition to blennorrhœa and excessive secretion of mucus,* to feeble individuals whose assimilative functions are impaired, with pale, cachectic complexion, bloated countenance, weak feet, chronic dyspepsia, diarrhœa, and when scrophulosis and rickets are present. Next to Calcarea ranks Sulphur, which is especially adapted to lymphatic and leuco-phlegmatic constitutions, when a disposition to catarrh and blennorrhœa is present, and when the following symptoms occur: bitter, slimy taste in the mouth, aversion to meat, irresistible desire for sugar, alternation of canine hunger and loss of appetite, frequent regurgitation of food with heartburn and waterbrash, hickup, gagging, vomiting, rumbling in the bowels, intolerable itching of the rectum, with raw and sore feeling of that organ, etc. Puls., Ipec., Merc., Antim., and other remedies, may likewise prove suitable for such symptoms.

Worm affections cannot be cured unless the diet and mode of life of the patient are strictly regulated; the diet ought to be nourishing and substantial, the principal food being meat; vegetable food, milk, flour, and, above all, pastry, ought to be carefully avoided.

§ 54. This seems to be a proper place to add a few words relative to the treatment of tænia. Hahnemann says, in his Organon, that the morbid phenomena denoting the presence of tænia can be speedily removed, or rather quieted, by the smallest portion of the tincture of Filix mas; the tænia being calmed, it no longer ir-

* The German term is "*Verschleimung*," which conveys the idea as if every thing were turned into phlegm.

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ritates the bowels of the patient. Hahnemann advises a sort of palliative treatment, until the radical cure is completed by means of the antipsorics. Several homœopathic physicians agree with Hahnemann; among whom we may particularly mention the name of Hering, who advises to keep the tænia, which he does not consider as a very great plague, rather than to expel it by violent means, lest some other more dangerous affection should appear in the place of the tænia. However, not to mention the insufficiency of this palliative treatment, which every physician will be frequently obliged to resort to, it is absolutely necessary that we should consider the express wish of the patient to have the monster expelled. If we do not comply with his wishes, he will resort to nostra and the pernicious expedients of old women and quacks. We are so much more justified in attempting the expulsion of the tænia, as the antipsoric treatment is very slow and very problematical. Several homœopathic physicians have, therefore, been induced to attempt that expulsion, and have indeed been successful. Gross recommends particularly Graphites, Calcarea, Sabadilla; also Fragaria vesca; Hering recommends Sulp., Merc., and Calc.; besides these remedies, the following deserve to be mentioned: Carbo anim. and veg., Kali carb., Magn. mur., Natr., Phosp., Petrol., Plat., Stann., Tereb. Stannum is recommended by a number of homœopathic physicians as a great remedy in worm affections; at any rate it is an excellent palliative for the symptoms of tænia and lumbrici. Among the remedies which have effected the expulsion of tænia in a short period and directly, the first is Filix mas. Bicking has been successful in almost every case. He directed the patient to drink a quantity of cold water, to use cold water injections, and to apply cold water douches to the abdomen. This being done, he gave the patient a saturated decoction of Filix mas (half an ounce per diem); he admits, however, that the tænia was frequently reproduced, but speedily expelled again by similar means, without ever reappearing. Lobethal affirms that the daily use of a

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few drops of the concentrated tincture of Filix mas has been quite sufficient in his hands. In the Hom. Gazette, vol. ii., p. 67, a case of a frightful worm colic is reported, which was speedily cured by a single drop of the tincture of Filix mas; eight days after the colic, fifty yards of tænia were discharged without the dose having been repeated.

The same results have been obtained by means of Punica granatum. Lobethal recommends that remedy in very obstinate cases. J. O. Müller (Hygea, vol. x., pp. 137, 193,) mentions the following symptoms as having been removed by Punica granatum: convulsive movements, catalepsy and epilepsy, fainting turns, emaciation, notwithstanding a constant appetite, sudden waking, hallucinations, hypochondria, vertigo, stupor, trembling before the eyes, dilatation of the pupils, yellow complexion, grating of the teeth, confluence of water in the mouth, variable appetite, gulping up of a watery fluid, vomiting, sensation in the stomach as if a body were ascending in it, distended abdomen, colic, chronic palpitation of the heart, etc.

The expulsion of the tænia frequently succeeds in a very peculiar manner, and the cases of cure which will be recorded in the following paragraphs confirm Hahnemann's rule: "Remove the perceptible phenomena of disease, and health will be restored."

A lady suffered with irregularity of the menses; they occurred either too early or too late, were either too profuse or too feeble, the menstrual blood being always thick, coagulated, black. Several times she had been affected with the most violent symptoms of inflammation of the liver, after which a jaundiced complexion had remained. For some time past she had been complaining about intense pain in the region of the liver and umbilicus, recurring at intervals, accompanied with nausea, gagging, vomiting of tenacious mucus, yellowish grey complexion. After having employed the remedies which we thought were indicated, without any success, we exhibited the second trituration of Argentum nitricum crystallisatum, three times a-day, each dose consisting of as much of the tritura-

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tion as would cover the point of a pen-knife. Eight days after having taken the medicine, she passed a quantity of fragments of tænia, all her troubles disappeared, and have not returned; it is now two years. We were guided in the selection of the remedy by the profuse menstruation, as Kopp advises.

Another lady had been affected with tænia for the last seven years. The fragments which she had occasionally passed during that period were evidences of the continual presence of the animal. The lady had given birth to two children, one of whom was still alive, but she had never been pregnant since, owing to the presence of the tænia. She had gone through various kinds of treatment for tænia, including the cold-water treatment, but without any success; she was now determined to try homœopathy. The peculiar pain which she experienced in the stomach, the constipation, the irregular menses, which were scanty, and at times appeared too late and then again too early, the jaundiced tinge around the mouth and nose, seemed to require Nux, third attenuation; this was given, and the condition of the patient soon improved to such an extent that the cure might be looked upon as terminated. Some time after she had a violent chagrin, which brought back all her former troubles, and required Chamomilla, first attenuation, which effected an essential improvement, but left the constipation as it was. This circumstance leading us to suppose that the alternate use of those two remedies would remove the trouble, we put the patient on Chamomilla and Nux, giving her two doses of the former in the morning and one dose of Nux in the evening. Four days after taking the medicine, the entire tænia was expelled; soon after she became pregnant, and expects soon to be delivered.

We may here observe that the real tænia, bothriocephalus latus, occurs very seldom in Germany, the tænia lata solium more frequently.

§ 55. *Febrile conditions resembling Cholera.*

Many will say that the various kinds of fever which

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we have treated in the preceding paragraphs are very much like the febrile conditions which we shall speak of in this chapter, and that the treatment, at any rate, is very nearly the same. Although we are willing to admit that the febrile conditions which we have alluded to in the heading are not essentially different from one or the other of those fevers, yet we think that we ought to be as explicit as possible in this work, were it only for the sake of beginners in homeopathy, for whom this work is more particularly designed. It is for this reason that we will make particular mention of a kind of cholera fever which is very much related to a gastric or bilious fever, and frequently occurs as a sporadic disease in some parts of Germany. After that we will likewise give a minute account of the treatment of the Asiatic cholera, which having appeared once, is likely to appear again amongst us some time or other.

The sporadic cholera generally appears suddenly and without any precursory symptoms. If there exist precursory symptoms, they resemble those of a saburral, bilious, and pituitous gastroataxia, or the precursory symptoms of saburral, bilious, and pituitous fevers, such as: general *malaise*, heaviness and indolence of the body, yellowish complexion, yellow slimy coating of the tongue, the root of the tongue being more thickly coated than the tip; these symptoms are frequently accompanied with a slimy, bitter taste, and beside this, nauseating bitter eructations are sometimes present; there is likewise a pressure, a crampy drawing and fulness in the pit and region of the stomach, with anxiety; flatulency, nausea, distention of the abdomen, rumbling and colicky pains in the bowels, the urine causes a burning in the urethra, has a fetid smell, and deposits a reddish sediment.

If these symptoms be not speedily removed by suitable homœopathic remedies, or if the disease have no precursory symptoms, the symptoms of the disease itself set in. In the commencement the patient vomits suddenly and repeatedly, until the ingesta have been removed from the stomach, after this a watery, slimy,

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and at last a bilious fluid is thrown off in a larger or smaller quantity; the substance which is thrown off is yellow, green, brown, sometimes blackish, frequently fetid, causing renewed paroxysms of nausea all the time. This vomiting is accompanied with frequent and violent diarrhœa, consisting at first of fæces, and afterwards of a watery and bilious fermenting liquid; the diarrhœa is generally accompanied with violent burning, cutting colic, especially in the umbilical region.

If the disease last longer, the following symptoms supervene: fulness in the pit of the stomach, hurried respiration with anguish, violent cardialgia, spasmodic and sometimes scarcely perceptible pulse. When the disease has reached its acme, the above-mentioned symptoms attain their highest development, the pulse and strength of the patient collapse speedily, and other spasmodic pains in the bladder and the extremities, cold sweats, fainting turns, and hippocratic countenance, are sometimes present.

§ 56. We have already stated that the sporadic cholera is most frequent in our country (Germany). In hot summers, however, it may likewise break out as an epidemic disease, without having the character of the Asiatic cholera.

Predisposing causes of sporadic cholera are, undoubtedly, intense heat continuing a long while; catching cold suddenly in hot weather; an irritable constitution and temperament, as is frequently seen in hypochondriac and hysteric females; childhood, especially during the period of dentition; violent emotions, such as fright, anger, vehemence; cold in the abdomen, or by the feet; cold food and drink, unripe, sour, watery fruit, such as peaches, melons, grapes; ice and pastry; acrid, sour, non-fermenting drinks; fat, rancid food; spawn of perch, pike, and of caviar; acrid medicines and poisons, like the resinous and acrid emetics and cathartics, jalap, colocynthis, mineral acids, zinc, and sulphate of copper, tartar emetic, mercurial salts, arsenic, etc.; suppression of cutaneous eruptions, gout and menstruation.

§ 57. These kinds of cholera are of the milder kind.

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The precursory symptoms, if there be any, can be easily removed by the well-selected homœopathic agent. If the characteristic symptoms of the disease have made their appearance, the physician has to select his remedy with great care, lest it should not correspond to the symptoms. The cases of sporadic cholera which arise from overloading the stomach, from eating sour food, or taking sour drinks, from general or partial catarrhs, cannot terminate unfavourably unless the treatment is entirely mismanaged. In making such an assertion, the age and constitution of the patient are of course taken into consideration; it is self-evident that children, whose nervous system is extremely irritable, and who, on that account, are more predisposed to spasms, are more easily carried away by an attack of sporadic cholera than full-grown, robust persons. It is for similar reasons that cholera is particularly dangerous for old people and females.

§ 58. The treatment of a disease ought always to correspond to the exciting cause. As in most cases of sporadic cholera it is impossible to assign a specific cause for the disease, we will commence with the treatment of this class of cholera cases and afterwards speak more in detail of those few cases where the exciting cause is well known.

The precursory symptoms which we have mentioned above, yield in most cases to a dose of Chamomilla more speedily than to Ipecacuanha, even in cases where one or two diarrhœic stools, with colic in the umbilical region have already taken place. Chamomilla would be inferior to Ipec., if vomiting and a constant desire to vomit, with diarrhœa, had already set in; in this case Ipec. may be repeated in from one to three hours, if the first dose should not have been sufficient to remove the disease.

If either of those remedies should fail, and the characteristic symptoms of the cholera should make their appearance, or if the physician should have been called when the disease had already broken out, it is advisable to administer at once Veratrum album, which is the specific remedy.

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If the characteristic symptoms of cholera should be accompanied in the very beginning with an excessive prostration of strength altogether disproportionate to the vomiting and diarrhœa, with great anguish, violent, unquenchable thirst, diarrhœic and sometimes sanguineous discharges from the bowels, occurring almost every moment, vomiting, excessive colic, and the like, Arsenic will be found the best remedy if administered in suitable doses. Arsenic is likewise the best remedy if Veratrum had no effect and the disease threatens to pass into the third stage; even when the hippocratic countenance has already set in, and the pulse is scarcely perceptible, Arsenic may still save the patient's life.

§ 59. Cholera symptoms which have been occasioned by chagrin are most speedily relieved by Chamomilla, provided the physician is called in time. In many cases, especially when the alvine evacuations consist principally of mucus, Pulsatilla is indicated, unless Colocynth should correspond more accurately to the symptoms. which might be the case, since, as has been stated above, Colocynth is even a better specific against the consequences of chagrin than Chamomilla.

The cholera symptoms to which hypochondriac and hysteric persons are liable do not require any different treatment from the one which is required by cholera arising from cold or errors in diet.

If the symptoms should have been occasioned by poison, such as arsenic, and the patient should not yet have vomited, the vomiting must be excited by artificial means, in order to remove the deleterious substance from the stomach as soon as possible, and to prevent its passing into the circulation. The most expeditious means of bringing on vomiting, is to swallow a quantity of soap-suds and to tickle the fauces with a feather; injections of soap-water ought to be administered at the same time. If the vomiting should already have been very copious, it may be quieted by drinking a quantity of rich milk, or, if no milk should be had, oil or mucilaginous drinks, or by taking a little potash which has been shaken with oil or with a solution of

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hepar sulp. calc. The best antidote to Arsenic is the sesquioxyde of iron, which has been recommended of late. The nervous symptoms which remain after the poison has been neutralized, cannot be expected to yield to a single homœopathic remedy; the first remedies to be used for such secondary affections, are the antidotes to Arsenic: Ipec., Verat., Chin., Ferr., and Nux vomica, the remedy to be chosen in every case in accordance with the symptoms.

If the cholera symptoms depend upon mercurial salts, the milk ought to be mixed with some potash or powdered chalk, or the patient ought to swallow the white of an egg, which is likewise a most excellent remedy for poisoning by copper; after this a solution of Hepar sulph. calc. ought to be administered, and if any secondary affection remain, the antidotes to Mercury ought to be used against it.

The cholera symptoms which had been occasioned by vegetable poisons, are most certainly and thoroughly removed by small doses of a saturated solution of Camphor; of course, if any poison remain in the stomach, this is to be removed above all things.

§ 60. *Asiatic cholera.*

The Asiatic cholera has been treated and carefully observed by a number of homœopathic physicians. The results which they have obtained, are by far superior to those of the best allopathic treatment. From the observations of those physicians we have been enabled to deduce definite rules for the treatment of cholera, and to indicate the remedies which have proved specifics in that epidemic.

The following is a list of the homœopathic publications which we now possess on the subject of cholera:

1. Hahnemann, Hofrath Dr. S., Aufruf an denkende Menschenfreunde über die Ansteckungsart der Cholera. Leipsic, 1831. (Address to the thinking friends of mankind relative to the mode in which the cholera spreads.)

2. Heilung der Cholera. Cöthen, 1831. (Treatment of cholera.)

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3. Heilung der Cholera, nebst einem Zusatze, das dietetische Verhalten bei dem Gebrauche der Streukügelchen betreffend. Nuremberg, 1832. (Treatment of cholera, with additions concerning the diet which ought to be observed while using the pellets.)

4. Heilung und Ausrottung der Cholera, mit den Regeln der homœopathischen Diet. Leipsic, 1831. (Treatment and extirpation of the cholera, with the rules of homœopathic diet.)

5. Sendschreiben über die Heilung der Cholera und Sicherung vor Ansteckung am Krankenbette, herausgegeben vom Medicinalrath Dr. Stieler. Berlin, 1831. (Address relative to the treatment of cholera, and the best means of guarding against the cholera-contagium at the bedside of patients.)

6. Schubert, Dr. J. A., Heilung und Verhütung der Cholera. Leipsic, 1830. (Treatment of cholera, and the means to prevent it.)

7. Auszüge brieflicher Mittheilungen aus Wien, die asiatische Cholera, deren Eigenthümlichkeiten und ihre homœopathische Behandlung betreffend. Leipsic, 1832. (Extracts from letters from Vienna, concerning the character of the Asiatic cholera, and its homœopathic treatment.)

8. Bakody, Dr. Joseph von, Homœopathische Heilung der Cholera zu Raab in Ungarn, im Jahre 1831. (Homœopathic treatment of the cholera at Raab, in Hungary.)

9. Homœopathische Behandlung der asiatischen Cholera, nach Dr. Hofrath S. Hahnemann. Von Dr. Karl Kæmmerer zu Schwäbisch Gmünd. Stuttgard, 1832. (Homœopathic treatment of the Asiatic cholera.)

10. Was haben wir von der Cholera zu fürchten? Von Dr. K. Preu. Nuremberg, 1831. (What have we to fear from the cholera?)

11. Du traitement homœopathique du choléra, avec notes et appendice. Par F. F. Quin, M.D., Médecin ordinaire de sa Majesté Léopold roi des Belges, etc. Paris, chez B. Baillière, libraire de l'académie royale de médecine. 1832. (Homœopathic treatment of cholera, with notes.)

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12. Vier Vorlesungen über die Cholera in Europa, von Dr. J. Reubel. Munich, 1831. (Four lectures on the cholera.)

13. Bestätigte Heilung der Cholera durch homœopathische Arzneien, von Dr. Röhl. Eisleben, 1832. (The cure of cholera achieved by homœopathic remedies.)

14. Die homœopathische Heilkunst in ihrer Anwendung gegen die asiatische Brechruhr, dargestellt von Dr. J. J. Roth, practischem Arzte und Privatdocenten an der Universität zu München. Leipsic, 1833. (The homœopathic treatment of cholera.)

15. Die Heilung und Prophilaxis der Cholera, v. J. Eman. Veith. Hamm, 1832. (Curative and prophylactic treatment of cholera.)

Beside the above-mentioned publications, there are several interesting articles on the subject of Cholera in the Homœop. Gazette, Vol. I., Nos. 2, 4, 5, among which Dr. Rummel's treatise, "On the second appearance of the Cholera in Merseburg," deserves particular mention. Hartlaub and Trinks have collected, with great care, the various letters which have been published on the subject of cholera, and have appended them to the third volume of their Annals. The third volume of Schweichert's Hom. Gazette likewise contains a number of interesting data relative to the treatment of cholera.

§ 61. From the statements and observations relative to the different degrees of cholera we infer, that every age and sex is liable to the invasion of that epidemic; little children and old people are least subject to its attacks; individuals from the 25th to the 60th year of age are most easily affected. The inferior degrees of cholera seem to require a more or less marked predisposition to the disease, depending upon a torpid state of the abdominal organs, upon the constitution of the patient, upon temperament, mode of life, food, climate, locality; this is the reason why the cholera is more frequently met among the poorer classes. The higher degrees of cholera and the malignant form of that epidemic make their appearance among all classes,

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external circumstances having no influence on the character, course, and symptoms of the disease.

It is true there are extreme degrees of violence and mildness in cholera, the former being malignant and speedily fatal, the latter being controlled more easily; but between those extreme degrees there are numerous shades and gradations in the first appearance, development, violence and concatenation of the symptoms, most of which are founded in the individuality of the patient, and have to be observed with great care, as they determine the remedy which is to be used in the case. Those degrees of violence occur much more frequently in the inferior grades of the disease than in the higher; these are more uniform in their principal symptoms, and the most striking differences occur in the nervous and muscular system. Either degree of the disease, mild or intensely malignant, has no well marked limits. The milder degree may easily pass into the more malignant, but not the reverse.

From time immemorial we understand by cholera a disease which is characterized by the following symptoms: the patient discharges by the mouth and rectum, either continuously or at short intervals, with great violence and in profuse quantities, a watery or else a watery, slimy fluid, which is neither feculent nor, as a general rule, bilious or sanguineous; accompanied with cramp pains in the abdomen and præcordia, with or without colic, properly so called, retention of urine, sudden vanishing of strength, which increases to the most excessive prostration, painful spasms in the limbs and trunk if the disease continue for a certain length of time, and rapid loss of animal heat. Cholera is distinguished from other diseases by the fact that its attacks come on suddenly, without any precursory symptoms, and with great violence; that it is either entirely without any fever, or that the fever is scarcely perceptible, and out of all proportion to the intensity of the symptoms.

Cholera has no well marked periods or stages; but even if they could be defined, this would have no sort of practical value in the more intense degrees of the

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disease. Nevertheless, authors have thought proper to lay down certain stages, and we will follow their example.

First stage; *stage of the invasion, precursory stage.* In the more violent degrees of cholera this stage is scarcely, if ever, perceived; it sometimes lasts only a few minutes. In the milder forms of cholera, the invasion is characterized more or less by the following symptoms: About twenty minutes, and in very rare cases some days, previous to the outbreak of the disease, the patient complains of a general *malaise*, without considering himself sick; he feels debilitated, and exertions fatigue him extremely; there is an alteration in the expression of countenance, the patient looks anxious, sad, apprehensive, and a complete disfiguration of the countenance (the facies cholerica) soon follows. The patient is out of humour, restless, he moans, has an aversion to anything, especially to food and drink, complains of a disagreeable sensation of pressure, tension, creeping or rumbling in the stomach and bowels, without experiencing any real pain, sometimes accompanied with frequent eructations and slight nausea. The pulse is not much changed, but upon the appearance of the second stage it becomes more rapid, and withal smaller and weaker. The skin feels dry and cool, portions of the skin being covered with a slight, clammy sweat. The abdomen is generally tense, bloated, as if too full, but scarcely ever painful to pressure. In some cases the region of the stomach is somewhat sensitive, and there is some disposition to go to stool. Sometimes the patient complains of pressure in the chest, laboured breathing, a beating sensation in the chest, alternate chilliness and heat. The urine is more scanty than usual, and is either pale and clear as in spasms, or else turbid and cloudy. The head is generally without pain, but somewhat dull, heavy, and at times even giddy. Sleep is restless, frequently interrupted by starting and jactitation of the limbs. Those symptoms have degrees of intensity. The first stage may last from twenty minutes to twelve, fifteen, or even eighteen hours.

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Second stage ; stage of development. The symptoms which characterize the second stage vary, like those of the first, both as regards intensity and duration. In some cases the principal symptoms set in at once, increasing steadily until death has taken place; the first and third stage apparently do not set in. In other cases the symptoms increase more progressively and slowly, sometimes they seem even to remain stationary, and the patient improves, or, at any rate, seems to improve. This improvement, whether real or apparent, soon gives way to a new and so much more violently increasing aggravation, which may be considered the third stage. Some practitioners have observed, that the degrees of violence occurring in the second stage depend principally upon the nature of the locality where the epidemic prevails. This observation may be of importance in the treatment.

The second stage is generally characterized by the following symptoms: sudden vomiting, sometimes preceded by short nausea, but very seldom by real vomiturition; the food, which happens to be in the stomach, solid or liquid, is thrown up with a sudden jerk; after the first vomiting the patient sometimes feels a certain relief. Either simultaneously or a few minutes after the vomiting, diarrhœa sets in; this is papescent and partially liquid, the first three or four diarrhœic stools being intermixed with fæces and half feculent, undigested food, slime and a watery fluid, accompanied with rumbling in the bowels, sometimes with pinching and real colic, which is very seldom violent, and sometimes entirely wanting. The vomiting very soon returns, the diarrhœa likewise, the substances which are evacuated both by the mouth and rectum becoming more and more fluid, and quite watery. In many cases both kinds of evacuations are so frequent that the patient is scarcely able to rise from the chair; sometimes the debility is so excessive that the patient is unable to leave his bed, and has to be assisted in bed every fifteen minutes or more frequently, the average number of stools in twenty-four hours being from thirty to forty, together with as many vomitings. It

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is considered a symptom of the worst kind, and of approaching dissolution, if the diarrhœic stools diminish in number while the strength of the patient and the pulse decrease proportionately. Generally speaking the number of the evacuations by the bowels or mouth varies; sometimes the evacuations are more numerous than in sporadic cholera, sometimes, and this is the more frequent, they are less in number; there have been cases of Asiatic cholera where only a few extremely copious and watery evacuations took place in the very commencement of the attack, occasioning excessive prostration.

After the second, third or fourth evacuation all succeeding evacuations are watery, or of the consistence and nature of an albuminous serum, or a serous mucus, or like rice-water; generally they are clear or somewhat whitish, inodorous and tasteless, with albuminous, cheesy, blackish flocks, floating in the midst of the liquid. As a general rule the abdomen caves in after the first diarrhœa; the whole body, in fact, sinks and becomes emaciated after the evacuations have continued one or two hours. This alteration is especially visible in the countenance. It is remarkable that there should not be any bile either in the evacuations upward or downward; even after death no trace of bile can be discovered in the intestinal canal. The want of bile is a characteristic phenomenon in the Asiatic cholera; not till the disease is on the decrease and an improvement sets in, do we perceive a tinge of bile in the alvine evacuations. These evacuations, which become painless as they continue, and finally take place without any sensation, are accompanied with a sense of exhaustion increasing to utter prostration. Restless and anxious, the patient is all the time endeavouring to change his position, even if he should faint in the effort. Shortly after, slight twitchings of the muscles, or only a drawing and tension in the muscles of the upper and lower limbs, sometimes make their appearance; sometimes these twitchings amount to violent and continuous spasms in the limbs, which are extremely painful, and are characteristic phenome-

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na in cholera. These spasms first commence in the toes, fingers and hands; afterwards in the calves, etc. Sometimes the spasms are tonic or tetanic, in which case they are the most painful, and make the limbs immoveable, and stiff and hard as wood; generally the spasms assume the form of chronic convulsions. The spasms affect most frequently the calves, forearms and hands.

These spasms are accompanied by an increasing but not suffocative oppression of the chest, and tightness of breathing, increasing anxiety, vertigo, and principally a sudden collapse and excessive smallness of the pulse which frequently disappears entirely a long time before death, or is, at any rate, scarcely perceptible. The same statement applies to the beating of the heart. The sudden collapse of pulse is one of the most remarkable, and, at the same time, one of the most essential symptoms of this epidemic. This collapse of pulse appears to be dependent upon an arrest of the circulation rather than upon spasm.

Simultaneously with these symptoms, or before, the patient experiences a disagreeable, painful burning in the epigastric region, or in the region of the stomach down to the umbilicus. According to Annesley, this burning, which is sometimes experienced behind the sternum, and is one of the most constant, most distressing, and most alarming, symptoms, is so characteristic of cholera—that, whenever it exists in connexion with the anxious look, with sighing and anxious breathing, one may safely infer from it the existence of cholera. The burning remains frequently a long while after the vomiting has ceased, accompanied with a burning and tormenting thirst, the patient expressing a particular desire for cold water, which he swallows with great avidity, and throws up again immediately.

Simultaneously with the spasms, and sometimes a little before, the whole surface of the body becomes cold; first the lower limbs and then gradually the whole body. This coldness increases to a coldness as of a dead body (frigus marmoreum). It resists the most persevering means of warming, and spreads

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over the face and lips, which become pale, blue and cold, and over the cheeks and eyelids; even the buccal cavity, the breath and tongue, become cold. The tongue is either little or not at all coated; more frequently it is dry, reddish or whitish, with brown edges; it becomes shrivelled when getting cold (this shrivelled appearance of the tongue is considered a particularly fatal symptom), without being insensible, and becomes entirely bloodless. The skin is covered with a cold, clammy sweat, which is frequently very profuse. The whole body becomes flaccid and sunken, and assumes a shrivelled appearance, especially on the hands, fingers and toes, as if these parts had been soaked in warm water, with a livid, bluish hue.

The face is excessively disfigured, sunken, pale or livid, cadaverous, with cold, bluish tip of the nose; cold sweat, the eyes having retreated deep into the orbits, half-closed, dim, having very often a reddish, and sometimes a blue, tinge, they are turned upward, and are surrounded with grey-brown margins. This expression of countenance is termed facies cholerica; it reflects anxiety and sadness; the patient has a staring and vacant look, and appears to be completely absorbed in reverie. The facies cholerica is one of the most striking characteristics of the higher degree of the disease, and is indeed a frightful and ghost-like appearance.

The peculiar alteration of the voice is likewise remarkable. The voice of a cholera patient is feeble, fine, somewhat hoarse, hollow, or without resonance; the patient, being extremely averse to talking, uses his voice only to complain of the burning in the pit of the stomach, and to ask for water.

The urine either ceases to flow from the very commencement, or the patient passes only occasionally a few drops of a turbid or brownish urine. This is not retention of urine, but the secretion of urine ceases entirely. This cessation of the functions of the bladder is a striking and constant symptom of the cholera. Not until the violence of the disease decreases, and the circulation becomes freer, is the urine secreted

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again, which may always be considered a favourable symptom.

The secretion of mucus is not changed, only less copious; the saliva is more viscid; the nasal mucus is generally wanting.

This stage lasts from two to three, up to eight, twelve, or twenty-four hours, sometimes two or three days.

The third stage cannot well be separated from the former, for this stage either passes into the highest degree of the disease, the *stadium lethale*, or into the stage of convalescence. The fatal stage is simply an aggravation of the symptoms which we have described as belonging to the second stage; sometimes vomiting, diarrhœa, spasms, abate shortly before death, the patient falls into a kind of sopor, the heart ceases to beat, the eyes become glassy, etc.

If an improvement set in, the pulse becomes fuller and more equal, the animal heat returns, and the spasms cease; the expression of countenance becomes more natural, cheerful, anxiety is no longer depicted in it; the look is firmer and more animated; there is a warm exhalation from the skin; the watery diarrhœa diminishes, the vomiting ceases, the alvine evacuations again assume a bilious, sometimes greenish tinge; the urine is secreted again.

§ 62. The prognosis is quite different from that of sporadic cholera; the course of the Asiatic cholera being extremely rapid. Generally the attack terminates in asphyxia after two or three hours; very seldom the disease lasts two or three days. If its course should be slow, and if the disease should pass into a typhoid fever, this may likewise be fatal. It is true the homœopathic treatment of Asiatic cholera is much more favourable than that of allopathic physicians; nevertheless, the physician has to be constantly watchful lest he should overlook the dangerous moment. A chronic weakness of the nerves, and particularly of the digestive organs, frequently remains. According to Hahnemann, and several other physicians, the best remedy to prevent the complete development of the disease is Camphor. For this purpose one part of

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Camphor is dissolved in twenty parts of alcohol, and the patient should take one or two drops of the solution every two or five minutes upon a piece of sugar, or in a spoonful of water, according as the disease is more or less violent. As the symptoms abate, the Camphor is given at longer intervals, of course. According to some, Camphor simply palliates the symptoms, especially in those cases where the evacuations have existed for some time previous to the attack. The external application of Camphor by fumigation, friction, and injection, is not only inexpedient, but positively injurious, inasmuch as Camphor would antidote almost all the vegetable medicines which the physician might have to use in case Camphor should not be sufficient.

The highest potencies of Veratrum and Cuprum, one or two pellets alternately every four days, have been recommended as preventives against the Cholera. A number of homœopathic physicians recommend Veratrum exclusively as a preventive. While either of those remedies is used, wine, coffee, strong tea and any kind of spice are to be avoided.

Besides Camphor the following remedies have been found curative in this epidemic: Veratrum, Cuprum, Arsenic, Nux v., Aconite, Ipec., Chamom., Secale cornut., Tartar. stib., Acid. phosph., Phosphor., Cicuta vir., Laurocerasus, Merc. sol., Carbo veg., etc.

According to all accounts, Veratrum is the principal specific for Cholera, even where no evacuations have previously existed. It has to be repeated every 15 minutes, or every half hour or hour, according as the disease is more or less violent. Even when the improvement has commenced, it is still necessary to repeat the remedy, except at longer intervals. If the patient should have a second attack, the same course of treatment is to be pursued as during the first attack; sometimes however another medicine is required, as the second attack scarcely ever is like the first.

Arsenicum is indicated when the attack sets in from the commencement with the most violent symptoms,

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and the patient complains of a most violent burning in the epigastrium, in the bowels and throat, accompanied with a painful oppression of the chest, burning thirst, excessive debility, a constant tossing to and fro; great anguish, irresistible dread of death, hoarse cries about violent pains in the pit of the stomach and abdomen. Arsenicum as well as Veratrum ought to be given at somewhat longer intervals than Camphor.

Ipecacuanha is an excellent remedy when the vomiting is more considerable than the diarrhœa. Ipec. will never be found suitable when the disease has reached the acme of its paroxysm, but it will arrest the vomiting which may yet continue after the violence of the disease shall have been broken. Ipec. has to be repeated at least as frequently as Veratrum; this remedy is frequently indicated after Ipec. Nux may be found suitable, if Ipec. should have arrested the vomiting and the following group of symptoms should have remained: symptoms of spasm in the stomach, a kind of weight in the stomach with anguish emanating from the pit; pains in the bowels with frequent small evacuations, and a continual desire to evacuate the bowels, accompanied with headache, especially a pressure in the sinciput, slight febrile shiverings, coldness more internal than external. The Russian physicians have found Ipec. particularly useful.

Cuprum has to be repeated the same as every other remedy. It is particularly applicable when the muscles are affected with violent spasms, when there is restlessness, coldness of the prominent parts, such as the face, distortion of the eyes, sometimes accompanied with abdominal spasms; there is no vomiting. When those symptoms occur, it is sometimes expedient to exhibit Cuprum alternately with Veratrum. When tetanus or trismus is present, Camphor is said to be superior to Cuprum.

Tartarus emeticus may likewise be recommended as a remedy for Asiatic cholera. Among its physiological effects we notice the following cholera symptoms: spasmodic movements, spasmodic jactitation of the

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muscles, trembling of the limbs, debility as if one would fall over, fainting sort of weakness, trembling pulse or collapse of pulse, the peculiar paleness of countenance occurring in cholera, croaking voice, cramps in the calves, and above all other symptoms, the gastric derangement which characterizes an attack of cholera. It deserves consideration in cases where feculent substances are still discharged from the bowels, in cholera biliosa, or at the first onset of Asiatic cholera, or else towards the termination of the attack, when the vitality of the abdominal organs is still depressed.

Cicuta virosa is said to be an excellent remedy when the following symptoms occur: violent spasms in the muscles of the chest, continual vomiting, little diarrhœa, the eyes are turned upward, and a soporous condition prevails. Rummel employed this remedy in a case characterized by similar symptoms, after he had previously given two doses of Hydrocyanic acid. Cicuta corresponds more particularly to neglected cases, and is therefore more suitable to the secondary affections of cholera than to the cholera itself. When the symptoms which have been mentioned in this paragraph occur, Stramonium may likewise prove valuable.

Carbo vegetabilis, according to Rummel in the 12th, and according to others in the 30th potence, is said to be an excellent remedy after the peculiar cholera symptoms have been subdued, when the spasms and the vomiting have entirely ceased, congestions of the chest or head set in, the oppression of the chest is a prominent symptom, a slight sopor is present, the flushed cheeks are covered with clammy sweat, or the patient lies in a state of complete asphyxia. One or two doses of Hydrocyanic acid sometimes require to be given prior to the Carbo. An hour after the Acid the Carbo may be given, the good effect of which is recognized by the return of the pulse, and sometimes of the true cholera symptoms; these then yield to Veratrum or Cuprum. We may infer from these indications that the Carbo is less suitable to real cholera than to neglected or protracted cases of that epidemic, or

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when the cholera threatens to pass into secondary typhoid affections.

Laurocerasus is given by some physicians when the following symptoms are prevalent: small and slow pulse, vertigo, stupefaction, convulsive spasms of the muscles of the face, etc. According to our own judgment this is not a good remedy in cholera; it is our opinion that a good deal of valuable time is lost by resorting to that remedy in cholera. The symptoms previously mentioned do not indicate Laurocerasus, but rather Veratrum or Cuprum.

According to Rummel's experience, a distinguished remedy in cholera is Secale cornutum, lower potencies, from one to three doses, when the following group of symptoms exists: the vomiting has either ceased entirely, or for the most part; the colour of the stools remains unchanged, and there is every indication that no bile is poured into the intestinal canal. Soon after the use of Secale cornutum, yellow and green stools make their appearance; as soon as this takes place, the patient may be considered out of danger. The pains in the extremities likewise abate during the exhibition of Secale.

This remedy seems to be an excellent remedy in the so-called cholerine, for which Camphor, Merc. sol., Phosphorus, and Acidum phosphor. are likewise recommended. The last of those remedies is said to be indicated when the tongue is thickly covered with mucus. The Russian physicians have made frequent and successful use of Merc. sol. in the treatment of cholera.

Every homœopathic physician will easily distinguish the symptoms for which Aconite is indicated; they do not require any further notice.

If cholera patients have been treated allopathically before the homœopathic treatment commences, it is indispensable to give them, in the first place, repeated doses of Camphor, partly to excite the reactive power of the organism, and partly to neutralize the large doses of allopathic drugs.

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§ 63. The following remedies have been used for the secondary affections of cholera: Aconite, Belladonna, Bryonia, Rhus, Nux v., Tinct. sulph., Cantharides, Acid. phosp., Phosph., China, Hyosciam., Stramonium, Carbo, Opium, etc. The secondary affections of cholera generally take the form of malignant typhoid fevers, of which we shall treat hereafter.

If there be a predominance of congestive or inflammatory symptoms, one or two doses of Aconite ought to be given first. If there be a good deal of cerebral congestion, if it be characterized by sopor, with the eyes half open and turned upward, by inability to wake, and to recollect things, to such an extent that the patients sometimes forget to draw in the tongue which they protruded a moment ago; by grating of the teeth, distortion of the mouth, excessive restlessness, painful stitches in the side or abdomen; very quick, and more or less full, but not hard pulse; burning heat and redness, with great desire for cold drinks, Belladonna is particularly serviceable. Next to Belladonna Cantharides is the best remedy, especially if the following symptoms prevail; rumbling in the abdomen, sometimes bloody stools preceded by tenesmus, heat in the bowels, and sensation of violent burning in the hypogastrium, great restlessness; the bladder is frequently affected.

In congestion of the chest and lungs, Aconite, Bryon., Bellad., Phosph., Sulph., Carbo anim., and Rhus, are the principal remedies; these, together with Mercurius and Nux, are likewise the principal remedies when the stomach and bowels are chiefly affected.

For typhoid fevers consequent upon cholera, the following remedies have been employed with success, if exhibited in accordance with the symptoms: Acid phosp., Rhus., Bryo., Bellad., Hyosciam., Stram., Carbo anim., Opium. General debility remaining after the cholera has been generally relieved by China. Weakness of the intestinal canal, which is characterized by continual liquid stools, is most certainly removed by the tincture of Sulphur, and Phosphorus.

During the period of convalescence in gastric fevers,

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which is always characterized by a want of appetite, the following remedies deserve careful consideration: Rhus, Cyclamen, Veratrum, Arsenic, Acid. nitricum; if an immoderate appetite, a kind of bulimy, be present, Rhus, Calc. carb., Lycop., Natrum mur. are indicated.

The best beverage during an attack of Asiatic cholera is ice-water; this is the only beverage which will stay with the patient. Warm drinks do not agree with cholera patients. Injections of ice-water are likewise useful; in some cases injections of starch are said to have done good.

If the cholera should invade a district, the mode of life should not be changed suddenly; on the contrary, it is advisable that every body should continue his ordinary mode of life, and should simply avoid irregularities. Acids, stimulating drinks, indigestions, colds, debilitating exertions, and depressing emotions, are prejudicial, and should be carefully avoided.

§ 64. *Dysenteric fevers; dysentery.*

Authors have made a mistake in classing those fevers among chronic diseases. The dysenteric fever ought to be considered an acute disease for this reason, that it may be either endemic or epidemic, and, whenever it appears, has either one or the other of those two forms; that it generally depends upon cosmic and telluric, or atmospheric influences of some kind, and that its outbreak is favoured by errors in diet. Moreover, the disease is characterized by a sort of catarrhal irritation in the mucous membranes of the intestines, and especially the large gut, which, like the irritation in the bronchi, may assume an inflammatory character and occasion a sort of erethic fever which accompanies every inflammatory irritation of the mucous membranes. A dysenteric fever might also be characteristically designated as a febrile catarrh or rheumatism of the large intestines.

Diagnosis: constant urging, tenesmus, with violent cutting colic, without any evacuation of fæces, properly so called; the patient merely discharges mucus and blood, and complains of fever. These are constant

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symptoms. This shows that the disease is not characterized by diarrhœa, but by constipation, and that dysentery and diarrhœa are, so to say, opposite diseases. In diarrhœa we have discharge of decayed contents of the bowels; in dysentery those contents are retained. Diarrhœa frequently gets well of itself; dysentery very seldom. If feculent substances are again discharged from the bowels, and the pains and fever abate, then the dysenteric patient may be said to be recovering (Hufeland). If the disease should set in with great violence, which is sometimes the case in young, vigorous, or sensitive individuals—in which case it may assume the form of a synochal fever—the precursory stage is either entirely wanting or is very short. The precursory stage is mostly met in torpid, phlegmatic individuals, or when the disease is sporadic; in such cases the fever has the erethic form.

If there be no precursory stage, the course of the disease is short; if a precursory stage exist, the disease has a long run, and frequently passes into a chronic dysentery. The precursory symptoms are: want of appetite, pressure in the region of the stomach and dull colic, loathing, nausea, inclination to vomit, dirty coating of the tongue, bad taste, flatulency, diarrhœa; general laxness and debility; *malaise*, restless sleep; drawing in the limbs, increased sensitiveness to cold air, shiverings, slight chills, accelerated pulse.

The first commencement of the disease is a cessation of the bilious stools, and setting in of an unsuccessful urging, resulting simply in the discharge of some mucus (dysenteria alba). Little by little the most violent cutting and colic are experienced in the umbilical region, with sensation of burning, thence extending over the whole abdomen, and immediately preceding every succeeding evacuation. As the irritation increases, the slimy evacuations appear mixed with blood. The most intensely painful symptom now is the tenesmus, a sensation as if the bowels would protrude, occasioning a constant renewal of the stools, which often become excessive in twenty-four hours, and spread a

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peculiar smell. The fever is proportionate to the degree and violence of the disease, and generally does not make its appearance until the permanent symptoms of dysentery have all set in. That fever is a continua remittens, having in most cases a rheumatic, catarrhal, or bilious character; it commences with a succession of moderate chills, followed by moderate heat. The exacerbation generally takes place in the evening, and is accompanied with a perceptible aggravation of the local symptoms.

§ 65. The disease is occasioned by various remote causes, the principal being the suppression of some kind of cutaneous action, with increase of acrid bile. This is the reason why dysentery prevails almost exclusively towards the end of summer, in the months of August and September, when the days are very hot and the nights very cool. At that season of the year dysentery is almost always epidemic. The disease is endemic in low, damp, marshy regions, where intermittent fevers are likewise prevalent; in such districts dysentery occurs almost every year. In epidemic dysentery the putrid emanations from the stools frequently develope a contagium by means of which the disease spreads rapidly and over a large extent of country.

Other exciting causes are: unripe, acrid, watery fruit; vegetables covered with mildew; corrosive poisons, worms, hæmorrhoidal congestions, metastasis, difficult dentition. The prevailing type or character of disease becomes easily ingrafted upon the dysentery, and may convert it into a catarrhal, rheumatic, gastric, bilious, or typhoid dysentery, although every one of those varieties may likewise be occasioned by the individuality and constitution of the patient. Children and females are principally affected by that disease.

Chronic affections are sometimes roused by an attack of dysentery, and may in their turn complicate the disease, and make the prognosis more or less doubtful; although the termination of the disease does not depend exclusively upon the complication, but also upon

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the greater or lesser intensity of the dysentery itself. As the disease increases, inflammation supervenes, an excessive quantity of putrid bilious substances is expelled from the system, and the patient is extremely debilitated. All these symptoms may occasion death if the patient be not carefully treated, and the most unfavourable prognosis has to be given if a sudden cessation of the intense pain, sunken countenance, coldness of the extremities, a small intermittent pulse, fetid evacuations, which the patient passes without consciousness, indicate the setting in of mortification.

The post-mortem examination shows that the disease is seated in the mucous membrane of the large intestines. This membrane is swollen, red and injected, softened (the softened parts being red and bleeding); a serous exudation is perceived in the shape of a fine miliary vesicular eruption, which results in the scaling off of the epithelium of the inner walls of the large intestine. These appearances characterize the lower degrees of dysentery; in the higher degrees larger surfaces are affected, and the mucous membrane is covered with a dingy grey, glutinous exudation, accompanied with prominences which are formed by a copious serous infiltration of the submucous cellular tissue. This degenerative process increases until a dark red or black brown sanguineous exudation has resulted from it, which, in the highest form of the disease, becomes a black, friable, tearable, and almost carbonized mass.

§ 66. We now pass to the treatment of dysentery, commencing with naming the remedies which have been used against the various kinds of the disease generally. The principal remedy is Mercurius corrosivus, next to which we rank Mercurius solub. H., and other mercurial preparations; Colchicum autumnale, Capsicum, Carbo veg., Colocynth, Ipecac., Aloës, Cantharides, Acidum nitric., and Sulphur; Flores and Hepar sulph., Rhus, Staphysag., Nux vom., Bellad., Pulsat., Chamom., Arsenic, China, Tart. emet., Sepia, Plumbum, Veratrum.

Those kinds of dysentery which authors have denominated catarrhal rheumatic, and which do not occa-

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sion any great derangements in the digestive functions, offer a variety of rheumatic complaints, together with the characteristic symptoms of dysentery, such as: drawing and shooting stitches in the muscles and extremities, tearing in the nape of the neck, in the head and shoulders. The fever is a continua remittens; the local intestinal affection which sets in simultaneously with the fever is not very violent, the evacuations generally consist of mucus, and are streaked with blood.

This kind of dysentery is generally epidemic, but it sometimes exists as a sporadic disease, and generally accompanies catarrhs, rheumatisms, and diarrhœa; it is principally occasioned by variable, alternately warm and cool and damp weather, and is frequently endemic in those districts where climate and locality make fever and ague likewise endemic.

If the attack have been occasioned by atmosphere and climate, and marshy emanations be the principal and most striking cause, China will remove the whole disease in a very short time, especially if the fever have the character of an intermittent. If, on the contrary, the rheumatic symptoms should be the most prominent, a few doses of Aconite will be found sufficient to cure the disease. If Aconite should not suffice, or if it should not be indicated, Chamom., Rhus or Pulsat., would be the best remedies, especially if the stools consist of blood-streaked mucus. Other remedies may likewise be indicated. (See the remedies for catarrhal and rheumatic fevers.)

The pure inflammatory, or the bilious inflammatory, dysentery, sets in without any precursory symptoms; it is characterized by all the symptoms of a local inflammation. The fever is a synocha; it sets in with a violent chill, followed by a dry, burning heat, with great thirst, dry tongue and skin, and fiery urine. The local symptoms of this kind of dysentery are as clearly marked, and are very much like those of enteritis; both in dysentery and enteritis the abdomen is very sensitive to the touch, hot and distended, the patient

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is tormented with retching, vomiting of the ingesta, and coldness of the extremities.

Inflammatory dysentery is very rare, sometimes sporadic, but scarcely ever epidemic; it prevails mostly at the end of summer and the beginning of autumn, when the days are hot and the nights cool.

The first thing we have to attend to in the treatment of inflammatory dysentery, is to remove the synochal fever, which we accomplish by means of a few doses of Aconite. This remedy is frequently sufficient to subdue the whole disease. If the disease should not be subdued entirely, Belladonna has to be used. To confirm our assertion we will mention the symptoms of the disease more in detail. Without dwelling upon the febrile symptoms themselves, which have been described with sufficient completeness, under the head of synocha, we will at once proceed to treat of the local affection, premising that Belladonna deserves consideration if the dysenteric patient be of a plethoric constitution, and have a lively, ardent temperament. The exacerbation commences in the afternoon and lasts until midnight, when the fever remits; nevertheless the patient is prevented from sleeping by a violent restlessness, and a great desire for cold drinks and baths. There are moments when the patient is delirious, especially on waking from a light slumber; his face is then red, and the head hot; gradually he falls into a whining mood, which cannot be subdued except by emphatic remonstrances, or which alternates with a firm resolution to jump out of the bed, and to look for the chamber. The tongue is lined with a whitish fur; the tip, which is not coated, inclines to be dry; the patient has lost all appetite, or has a positive aversion to food; the pains in the bowels are either spasmodic and colicky, or else cutting-burning, the abdomen is somewhat distended in the umbilical region, there is a constant urging for stool, and small discharges of a bloody mucus.

In other cases Nux or Mercurius is indicated. Nux is indicated by discharges of a sanguineous mucus, mixed with single hard lumps of feculent matter, and

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accompanied with violent cutting in the umbilical region, and pressing in the rectum. Merc. is a principal remedy when, after the removal of the inflammatory symptoms, frequent discharges of bloody mucus, or liquid feculent matter, remain, accompanied with cutting and tenesmus, which causes burning and soreness of the anus; every evacuation is preceded by a cold sweat in the face, as from anguish and excessive uneasiness.

§ 67. The gastric dysenteries, together with the catarrhal-rheumatic, are the most frequent, and are characterized by the fetid smell and putrid bilious nature of the evacuations. According to authors there exists in the first place a bilious dysentery, which is apt to occur when the nights are cold and the days hot, and which sets in with all the symptoms of a bilious fever; the stools are frequent, consisting from the commencement of a fetid, green or brown bile; colic and tenesmus are very violent, accompanied with great restlessness and oppression of breathing. The bilious dysenteries resemble, to a certain extent, the inflammatory variety; spontaneous vomiting affords relief. They occur most generally as an epidemic disease, towards the end of very hot summers, and at the commencement of the fall, after a continuous heat.

In this variety likewise, the treatment ought to commence with the removal of the inflammatory symptoms by means of Aconite, after which the specific remedy in this variety, Mercurius corrosivus, may be exhibited.

This remedy is indicated by a succession of small muco-sanguinolent evacuations, continuing day and night, with constant cutting pain in the bowels, and an insupportably painful tenesmus in the rectum; or when the stools are mixed with fetid green or brown bile; the patient has lost all appetite, suffers with an unquenchable thirst, his tongue, the edges of which have a whitish coating, inclines to dryness, he feels anxious, hot, and is deprived of sleep in consequence; the pulse is small, feeble, frequent.

The Colocynthis dysentery has the following symp-

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toms. The greenish-yellow and frequent evacuations, consisting of a watery slime streaked with pure blood, are accompanied with the most violent colicky pains in the region of the hypogastrium; these pains disappear with every evacuation, and the tenesmus is entirely wanting. The appetite is not entirely lost, but all desire to eat is counteracted by the offensive, bitter taste in the mouth; there is a great desire for drinks without much thirst; every time the patient eats or drinks the colic and the evacuations are excited again. The temperature of the skin is moderate, the pulse is full and not too quick.

Bilious dysentery, especially when epidemic, may assume a form requiring the use of Colchicum autumnale. This remedy is extremely valuable in dysentery consisting of a mere white mucus, with violent spasms in the sphincter ani, these spasms setting in frequently when there is no evacuation, in which case the patient experiences slight chills over the back. Bilious vomiting leaving a bitter taste in the throat, and an aversion to food, generally belongs to the Colchicum dysentery. The perspiration which exists in the commencement of the disease, disappears afterwards, and the pulse becomes accelerated and small.

Veratrum has been employed by us several times with success, where portions of fæces were distinctly seen in the watery-sanguineous, flocculent discharges. These evacuations were more frequent at night than in the day-time; they were accompanied and succeeded by colic, but not so much tenesmus; chills were likewise present. Veratrum is still more suitable when the dysentery is accompanied with vomiting of the ingesta, great debility, as if one could not support one's-self, bland delirium, and lentescent fever. It is of the utmost importance to repeat the remedy in that disease, provided the remedy which had been selected was homœopathic to the symptoms.

In pituitous dysentery the inflammatory character disappears more and more; the phenomena denoting an irritation of the mucous membrane become more and more prominent, establishing a similarity between

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the dysenteric disease and a mucous fever. The precursory symptoms of mucous dysentery are the same as those of a mucous fever. The disease itself is slower than any other kind of dysentery, if the remedies be not well-chosen; the febrile symptoms, as well as the local affection, are indeed violent, but not as violent as in the other varieties of dysentery; the frequent evacuations from the bowels are without colour or smell.

This kind of dysentery is principally occasioned by catching cold in the damp, wet, and cold fall weather; hence it is that the pituitous or white dysentery occurs more frequently as an epidemic and endemic, than as a sporadic disease; it prevails in October and November, whereas bilious dysentery is more prevalent in August and September.

Mucous dysenteries are cured the most easily in the precursory stage; Mercurius, Pulsatilla, and Dulcamara being the principal remedies. Pulsatilla is frequently the best remedy even when the dysentery has become fully developed. Colchicum autumnale seems to correspond principally to mucous dysenteries; Merc. corr. is likewise an excellent remedy for that disease, if the stools be mixed with blood. The preparations of Sulphur ought to be resorted to after the characteristic symptoms of dysentery have been greatly subdued, but would not yield beyond a certain point, or became worse again after a temporary improvement had been effected. In many cases of that description Acidum sulph. will suffice, unless Sulphur should be more specifically indicated. It is principally adapted to those forms of dysentery where the symptoms are more violent in the night, and the patient passes blood, mucus and pus, accompanied with fever, loss of appetite, cutting colic, and a desire to lie down; the colic is frequently so violent that it causes sickness of the stomach, and the patient is drenched with sweat. The fever consists of a dry heat, generally flushes of heat, without any particular thirst. Hepar sulph. comes next to Acidum sulph.

Aloës is undoubtedly one of those remedies which

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will prove valuable in dysentery, inasmuch as it possesses the peculiarity of causing violent colic, with bloody stools.

Ipecacuanha is useful in gastric dysenteries, in the commencement of the attack, if the diarrhœa be accompanied with vomiting, and a pinching pain in the abdomen.

Cantharides is indicated when the patient discharges a white mucus from the bowels, which looks as if it had been scraped off the bowels; the discharges are accompanied with burning pains in the abdomen and bowels, occasioning moaning and lamentations. The fever is generally very violent, burning, with dryness of the mouth, thirst, anxiety, and a small, hard, and intermittent pulse.

Capsicum deserves especial consideration after the violent cutting pains have been removed, and an intensely painful feeling of pressure remains in the region of the stomach and duodenum, accompanied with discharges of a greenish frothy matter, or flocks of bloody mucus; the pulse is full, strong, and particularly frequent from evening until midnight.

Carbo. veg. ought likewise to be recommended for dysenteric discharges of bloody mucus; it ranks next to Cantharides, as regards the pain in the abdomen, especially about the umbilicus, and is distinguished from Cantharides by the burning pain being accompanied with cutting. Carbo veg. is indicated in dysentery when the following group of symptoms occurs, after the evacuation from the bowels: pushing in the direction of the small of the back and the bladder, with pressure on the rectum, and burning in that part; feeling of emptiness, want of tonicity, anxiety, tremulous weakness; frequent attacks of burning heat, especially at night, disturbing sleep.

A distinguished remedy in that variety of dysentery is Rhus tox. It is especially suitable when the disease is slow to get well, and, in spite of some slight improvement, all the original symptoms are yet remaining; when the patient appears weak and falling away, the plasticity of the blood is greatly diminished, the

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organic activity threatens to become extinct, and typhoid symptoms set in. The symptoms indicating Rhus being very various, we content ourselves with barely mentioning that fact, leaving the reader to compare the symptoms of the case with those recorded in the Materia Medica.

Next to Rhus, Staphysagria deserves to be mentioned. It is employed in dysentery with frequent discharges of a yellow mucus, tenesmus, cutting pain in the abdomen, the whole body feels painful as if bruised, and the muscular tone is greatly diminished.

Nitri acidum is probably the best remedy when there is a constant pressing in the rectum without any evacuation; or else the patient evacuates mere mucus, after which the tenesmus continues, followed by a painful tension, with pressure in the whole of the head, constant heat, great dryness in the throat, violent thirst, and an unequal intermittent pulse.

Plumbum corresponds to dysentery of the most violent kind, the patient discharging nothing but blood; the accompanying symptoms are, violent fever, severe cutting in the stomach and abdomen, burning in the anus during the evacuation, and continuation of the tenesmus even after stool.

The worm dysentery is different from the worm fever and the worm colic; the symptoms vary suddenly, and seem dangerous without any real danger being present. That kind of dysentery can only be looked upon as a secondary affection, which must necessarily disappear with the cure of the primary worm disease. The term "dysentery" is not a proper appellation for that disease, inasmuch as the characteristic symptoms of dysentery are not sufficiently prominent; it might be considered a sort of dysenteric diarrhœa. As regards the treatment, we refer to our remarks on worm fever.

For the sake of completeness, we will likewise mention the putrid variety of dysentery. According to authors, it is both secondary and primary. The secondary variety results from the slow development of pituitous dysentery; its existence is recognized by

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great debility, profuse, colliquative, and excessively fetid stools; dry, brown, cracked tongue, extremely rapid and scarcely perceptible pulse.

A secondary putrid dysentery cannot possibly occur under homœopathic treatment, unless the physician be utterly incompetent. If a pituitous dysentery be properly treated, it ought to improve four or five days after the treatment has commenced, it ought never to last three weeks, or even a fortnight, as is stated in pathological books.

A primary putrid dysentery has all the symptoms of an epidemic and contagious malady. Beside the pathognomonic symptoms of dysentery, there is this peculiarity, that its phenomena set in with the utmost rapidity and violence, and with a considerable sinking of strength. At first a putrid dysentery has an inflammatory character; the stools are not so frequent as afterwards, but are so much more painful, and are accompanied with violent colic. At this stage of the disease it ought to be treated like an inflammatory dysentery. If the symptoms of a local affection of the intestines should become more prominent; if decayed, fetid masses should be discharged from the bowels without any very great pain, and sometimes involuntarily; if the patient should frequently vomit bile or mucus, and should complain of great loathing, and a putrid taste and smell; if the symptoms of a general status putridus should develope themselves, such as: hemorrhages, aphthæ, petechiæ, blue spots and serous vesicles on the skin, a burning hot skin; turbid, flocculent urine, having a cadaverous smell; sunken, stupid expression of countenance, indifference to surrounding things, soporous condition, etc., Nux, Arsenic, Petroleum, Carbo veg., Acid sulp. and nitr., Kreosot, China, are the best remedies to be used; these remedies, especially Sulphur, Nitric Acid, and Petroleum, ought likewise to be employed when the disease improves but slowly in spite of the best selected remedies, or when it threatens to get worse again after an improvement of some days; in one word, when the disease is protracted, which is usually the case in persons

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with a depressed vitality, debilitated, nervous, sensitive, scrofulous, and disposed to chronic maladies.

In this disease the diet is of the utmost importance. Errors in diet may be extremely detrimental to the patient. The patient ought to abstain from fruit and green vegetables, both during and for some time after the malady. Slimy soups and beverages are the most suitable nourishment, especially salep, oatmeal-gruel, and the white of an egg with sugar and water; and lastly, boiled water, which agrees with the patient better than anything else, and aids in restoring the process of sanguification to its normal standard. We know from pathological anatomy that the blood undergoes a morbid change in dysentery, which, in its turn, favours the development of the disease.

§ 68. If typhoid symptoms should be developed in the course of a pituitous or putrid dysentery, which happens in the colliquative stage, the same rules apply which have been laid down for the treatment of a secondary putrid dysentery. A typhoid dysentery never exists as a primary disease, and has to be treated with remedies which correspond both to the typhoid and dysenteric symptoms. (See the chapters on typhoid fevers.)

§ 69. *Diarrhœa.*

Diarrhœa is generally a symptom of some more general disease, or a salutary crisis. However, diarrhœa may likewise occur as a primary disease of the reproductive system, accompanied with fever.

The essential character of diarrhœa is an increased and looser discharge from the bowels, the colour being more or less different from the natural. It is frequently preceded by the precursory symptoms of a gastric affection. Colic is not always present; sometimes, however, it is very violent (diarrhœa torminosa); tenesmus is scarcely ever present.

The disease lasts from a few days to several months, and even years. The discharges vary likewise, feculent, fluid, mucous, bilious, purulent, bloody. Diarrhœa may be without any danger, getting well of itself, or

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it may become dangerous by its continuance, or danger may actually be present when diarrhœa sets in.

A diarrhœa which is not manifestly dangerous ought not to be arrested suddenly; danger may be supposed to exist when the discharges are quite watery (although this is not always a symptom of danger),* and great debility after every evacuation, sometimes amounting to syncope.

The selection of the remedy depends upon the form and nature of the discharges. We distinguish the following kinds of diarrhœa:—

Diarrhœa stercoralis, being generally a consequence of overloading the stomach with heavy, undigestible fat, rancid, sour food and drink. It is preceded by offensive eructations, aversion to food, colic, distention and tightness of the stomach and abdomen, nausea, and sometimes vomiting; after these symptoms have set in, a quantity of flatulence is generally emitted, accompanied with loose, fetid, papescent stools, sometimes corroding the anus and causing a burning and pain in that part.

As regards the treatment, the same rules apply which have been laid down for the treatment of the precursory symptoms of gastric and bilious fevers. This kind of diarrhœa gets well of itself, as nature is competent to remove the noxious substances. In some cases a cup of black coffee will have to be used for that purpose, or, if this should not be sufficient, one of the above-mentioned remedies may be employed.

Diarrhœa aquosa serosa is a second form of diarrhœa. This diarrhœa is occasioned by a cold either of the feet or abdomen, and is sometimes a prevailing or even epidemic disease in the latter part of summer, or in the fall season. It is sometimes accompanied with a lancinating pain in the bowels and spasms in the abdomen, retching, and nausea. The discharges take place in rapid succession, they are watery, serous, have very little smell, sometimes, however, they are

* I am now treating a gentleman who has been suffering with watery diarrhœa for the last six years, from three to eight discharges a-day. He is as strong and healthy as any man.—HEMPEL.

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bilious; every discharge is accompanied with a new and violent attack of colic. The diarrhœa of children, occasioned by dentition, is of a similar kind, it is sometimes accompanied with heat, fever, and loss of appetite. If such diarrhœas should be violent, and last a long while, serum and even fibrin are passed, occasioning sudden prostration.

Dulcamara, frequently repeated, is the best remedy for most cases of this form of diarrhœa, when it takes place in the summer season, consists of green or yellow mucus, has a sour smell, the evacuations being preceded by colic, followed by debility and remission of the pain, and generally taking place in the evening. If the diarrhœa be not so much accompanied with pain in the bowels, but debilitating; if it be a kind of lienteria, where the evacuations take place shortly after a meal, and especially at night, with or without cutting in the bowels; if they contain undigested food, China will prove serviceable; in many cases Bryonia will have to be given, especially if the diarrhœa have been occasioned by a cold, if the evacuations occur almost involuntarily, have a fetid smell and brown colour, if they be liquid as in infants, accompanied with flatulence or fermentation in the bowels. This kind of diarrhœa is sometimes controlled by Rheum, especially when it affects children of any size, during dentition or afterwards, they look pale, grumble and quarrel a good deal, with heat all over; the evacuations are feculent, papescent, smell sour, and are accompanied with a constrictive pain in the bowels. Mercurius solubilis will afford help if the discharges of green mucus should be accompanied with a pinching and cutting pain, and should be so acrid that they cause a burning and itching of the anus; the rectum sometimes protrudes, and the stools are streaked with blood.

Chamomilla is the surest remedy against diarrhœa which occurs during dentition and is occasioned by a cold; it is generally watery, green or like chopped eggs, smells like putrid eggs and is accompanied with pinching colic. If the diarrhœa should set in with

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sudden prostration and a violent cutting pain in the bowels, the surest remedy is a small dose of Arsenic. Many homœopathic physicians recommend Arsenic as the best remedy for diarrhœa from dentition; it seems however that latterly the tincture of Sulphur has been employed with more success than Arsenic. Characteristic indications for Pulsatilla are the greater frequency of the diarrhœa at night, especially before midnight, or immediately after getting up in the morning, the discharges being watery, green, bilious; Rhus is indicated when the jelly-like, yellow, and still more or less feculent discharges take place only after midnight and are preceded by violent colic which disappears after the evacuation. Calcarea acetica, several doses, has been successfully employed by some homœopathic physicians against that kind of diarrhœa, if it was of long standing, or a watery, acrid diarrhœa, corroding the anus, and accompanied with vomiting of the ingesta soon after a meal, Ferrum metallicum is an excellent remedy. Acidum phosp. and Phosphorus are still more important, when the disease is one of long standing. These two remedies are particularly adapted to chronic, painless, half-liquid diarrhœas, undermining the general health but slowly; or to diarrhœas occurring from suppressed scarlatina, or to such as occasion a general nervous weakness with excessive emaciation.

A third kind of diarrhœa is the *diarrhœa biliosa.* This kind of diarrhœa is a little more complicated than the two preceding varieties. It is generally occasioned by moral emotions, anger, chagrin, sometimes by catching cold in hot and damp weather; this frequently makes it an endemic or epidemic disease. Its accompanying symptoms are: want of appetite, bitter taste, yellowish complexion, coating of yellow mucus on the tongue, bitter and disagreeably sour eructations, aversion to food, nausea, and sometimes vomiting of bile; the evacuations are bilious, yellow, green, and are accompanied with violent colic. The diarrhœa from dentition is sometimes characterized by similar symptoms; in this case the sour-smelling,

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greenish stools do not always depend upon an effusion of bile, but upon acidity in the primæ viæ; they frequently have a chopped appearance or look like stirred eggs; in some cases the anus is corroded by the stools.

The remedies for bilious diarrhœa are the same which have been indicated § 40, and the following. The diarrhœa which is occasioned by acidity in the primæ viæ, and is most frequently met with in children, is cured by Chamomile or Rheum. Sometimes such a sour-smelling diarrhœa becomes chronic; in such a case Magnes. carb. will remove the trouble in a very short while. If the anus, genital organs, and inner surface of the thigh should be very sore, and if the whole body, but especially the thighs, should be covered with a miliary eruption, Sulphur is the best remedy. If the children should be still at the breast, the dose had better be given to the mother or nurse, recommending a strict homœopathic diet. This diet is likewise necessary, when the child is brought up without the breast or is already weaned. In very many cases the little being is stuffed with pernicious things or an excessive quantity of food, pap, etc., to keep it quiet. In cases where Chamomilla is indicated, the physician ought to inquire very carefully whether Chamomile-tea had been given; for the diarrhœa frequently arises from an abuse of that drug. In that case the symptoms ought to be antidoted by Coffea or Pulsatilla before another remedy is given.

Besides the remedies already mentioned we refer to Mercurius, Hepar sulp., Sepia, Calcarea, and Graphites. We have seen this diarrhœa in children several times, who looked like a piece of raw flesh all over the body, lamented a good deal at night, and were prevented from sleeping by the pain. This condition depends generally, but not exclusively, upon syphilis in the parents. There is no better remedy for that group of symptoms than Mercurius; this either effects a cure or modifies the symptoms so that they will yield to Hepar s., Sulp., or Graphites.

The remedies which we have indicated in the pre-

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ceding paragraphs, but especially Calcarea, are especially adapted to such diarrhœas when occurring in scrofulous patients; the secondary symptoms, which, however, are not always very prominent, will point more distinctly to one or the other of those remedies.

A fourth class of diarrhœa is the *diarrhœa mucosa, pituitosa.* This diarrhœa sometimes arises from a mismanaged watery or feculent diarrhœa. Or it may be occasioned by a cold in damp, wet and cold fall-weather, and in low and marshy regions; when such causes prevail, the diarrhœa may become epidemic or endemic. Weakly, nervous, dyspectic persons are most easily affected. The disease is ushered in by distention and hardness of the abdomen, pressure and feeling of repletion in the abdomen, flatulence, loss of appetite, slimy coating of the tongue, etc. The discharges have various colours, generally they are slimy, and sometimes streaked with blood. They are debilitating, and induce emaciation unless soon arrested. This kind of diarrhœa is, in most instances, a consequence of existing affections, especially of mucous fevers.

As a general rule, mucous diarrhœas are treated like mucous fevers. It is a remarkable fact that such diarrhœas, together with their accompanying symptoms, generally correspond to Pulsatilla, especially if the colour of the stools vary. If the diarrhœa should be greatly debilitating, Colocynthis may be given. If the evacuations should be slimy, green, sanguineous, accompanied by tenesmus, Merc. sol. is the remedy. If the disease should be one of long standing, Petroleum will sometimes cure it, provided it corresponds to the secondary symptoms; Acidum phosp. or Phosporous are sometimes the best remedies. According to Dr. Gross, the best remedy in painless diarrhœa is Ferrum metallicum. Lately Secale cornutum has been frequently given for mucous diarrhœa, especially when the tongue was coated with mucus, and the patient complained of papescent taste and rumbling in the abdomen. It may be remarked that all those remedies have to be given repeatedly.

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We do not speak of diarrhœa verminosa, diarrhœa sanguinea, diarrhœa urinalis, and diarrhœa purulenta; these are secondary affections which have to be treated in company with the primary disease.

Slimy kinds of food and drink, such as sago, salep, rice, vermicelli, gruel, barley, oatmeal, etc., are to be recommended in this kind of diarrhœa; if the diarrhœa be chronic and yield only for a few days to the remedies which are given for it, the patient may eat whortleberries, either raw, dried, or stewed. Fresh-drawn milk, not boiled, is an invaluable remedy for diarrhœa of children which does not yield to medicine.

FIFTH CLASS.

FEVERS AFFECTING PRINCIPALLY THE NERVOUS SYSTEM.

§ 70. *Typhus.*

As in synochal and erethic fevers the vascular system is principally excited, so is typhus characterized by great erethism of the nervous system, especially the ganglia and brain. Typhus is characterized by great variability of all the symptoms, an apparent contradiction between the symptoms themselves, and between the symptoms and the disease, for instance: dryness in the mouth and no thirst; no pain even when causes are at work which tend to produce pain; violent illness and no great feeling of illness, the patient asserting on the contrary that he feels well. The moral symptoms are of the utmost importance in typhus, as the selection of a remedy frequently depends upon them exclusively. It would be a fruitless attempt to give an accurate and never-changing description of typhus, which is an assemblage of the most varied phenomena. In the following chapter we give a general description of the characteristic symptoms of typhus, and shall furnish the particular indications for the remedies which are used in typhus, when we come to speak of the varieties of that disease. Recently it has been ascertained that the mucous membranes and the lymphatic glands, especially those of the ileum, are the principal seat of the disease, whence it has been termed *typhus abdominalis*; for-

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merly the dynamic character of the disease, the depression of the nervous system was principally considered and, in accordance with that character, the disease was named *febris nervosa* which could now be properly applied only to typhus cerebralis. The more precise appellation of this fever has led homœopathic physicians to the discovery of many valuable remedies for typhus, which it might have been difficult to discover without the pathological seat of the disease having been first ascertained by post-mortem examination.

§ 71. *General symptoms of typhus; diagnosis.*

There is no violent chill in the commencement, but slow chills alternating with heat. The brain and nervous system are principally affected from the commencement, as may be inferred from the following symptoms: dulness and tightness of the head, gloomy mood, headache, vertigo, sometimes syncope, trembling, subsequent delirium, sopor, spasms of every kind, both external and internal; convulsions, great debility and prostration; small, feeble, soft, easily compressible, moderately frequent, sometimes slow, very variable pulse, which does not harmonize with the respiration; for instance, is rapid when the breathing is calm (Hufeland).

There are three kinds of more or less distinct forms of typhus:

1. Typhus cerebralis, affecting principally the brain, spinal marrow, or the nervous system generally. This variety of typhus is principally characterized by symptoms which denote a deep alteration of the functions of those organs without any inflammation being present; there will always be delirium, sopor, or paralysis of the organs of sense, when the irritative stage—great hurriedness in all the movements and manifestations of the senses—has passed over. At this stage of the disease there is the most remarkable difference in the quantity of blood contained in the brain and spinal marrow and their membranes, from extreme congestion to anæmia; sometimes those organs

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are compact and tenacious, sometimes they are interstitially distended.

2. Typhus abdominalis, where a portion of the abdominal organs is the principal seat of the disease. This variety contains a great number of shades and has a slow course. The brain is only gradually invaded; the cerebral disturbance manifesting itself with a certain rapidity in full-grown persons only, where the organs, which are the principal seat of the typhus, have attained a normal size without showing any striking changes in the reproductive functions. We now know from post-mortem examinations that the principal seat of the typhus abdominalis is the mucous membrane of the ileum which exhibits various forms of degeneration, congestion, infiltration, ulceration, induration, interstitial distention, softening, exanthematic spots, gastro-enteritis, open or cicatrized ulcers. Little by little the mesenteric glands and the spleen are likewise affected, becoming considerably enlarged, and from the spleen the affection frequently extends to the mucous membrane of the cul-de-sac of the stomach.

3. Pneumo-typhus, the organs of the thoracic cavity, especially the lungs, being principally affected. This variety of typhus frequently sets in in the shape of a catarrh, or of an imperfectly-developed and therefore not distinctly marked pneumonia; the heart and the larger vessels are sometimes affected. The patient complains of great anxiety, hurried, incomplete, labored breathing, with short, croaking, exhausting cough; the expectoration has a bad colour, is purulent and blood streaked; certain regions in the chest are more or less painful. A post-mortem examination reveals the following appearances: degeneration of the lungs by inflammation and gangrene, hepatization, adhesions, effusions in the mucous membrane of the bronchia and the parenchyma of the lungs; the heart is flaccid, pale or of a dingy-red. The diagnosis is not very difficult. The excessive prostration, the violent and universal irritation of the sensus communis, the appearances about

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the head (the humming and buzzing about the ears) the tendency of the fever to become continuous, inform the physician that the disease is not a simple catarrh but that there is an approaching typhus which although it may be kept in check for a time, will break forth in all its violence on the seventh day. The physical signs resemble those of croupous (catarrhal) pneumonia; the percussion-sound becomes more and more dull; auscultation reveals crepitation which, in the stage of hepatization, is changed to a consonant rattling.

The course of typhus is very irregular and uncertain; the precursory symptoms sometimes exist for days, even weeks, such as tightness and dulness of the head, vertigo, tremulousness of the extremities, headache, sleeplessness, dreams, even visions. Typhus may last from 21 to 28 days, and even longer; the convalescence is slow and the patient is liable to relapses.

§ 72. Typhus is divided into varieties according to its intensity, its type and complication. We distinguish a typhus mitior and gravior, a typhus continuus and remittens, a typhus simplex, inflammatorius, putridus, gastricus, rheumaticus, catarrhalis. In homœopathic treatment such a classification has no practical value, as the selection of the remedy depends upon the symptoms of every case in particular, not upon the characteristic symptoms of the genus. Full-grown persons are more liable to typhus than children and old people.

The remote causes of typhus are: privation or bad quality of the necessary food, (hunger, famine, bad nourishment); air which has become vitiated by crowding a number of men into close rooms, or by uncleanliness; depletion by venesection, hemorrhage, etc.; exhaustion of the nervous power by excessive irritation, excessive exertions of the body or mind, venereal excesses, excessive heat, etc.; depressing emotions: chagrin, sadness, grief, care, disappointed love; nervous or putrid contagia, dampness, cold, an atmosphere which does not furnish sufficient sustenance

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to the vital forces and favours the development of an epidemic typhus; such an atmosphere arises from a continuance of wet weather and easterly winds.

§ 73. The prognosis depends upon the form of typhus, the typhus in our climate is less dangerous than the pest or yellow fever; also upon the stage in which we find the fever, a typhus which has been continuing for a time, is more uncertain than an incipient one; upon the course, the more regular the course, the more favourable the prognosis; upon the violence of the symptoms, constant delirium, floccilegium, subsultus tendinum, constant sleeplessness, colliquative secretions, sopor, difficult swallowing, are very unfavourable.

Typhus generally terminates by some imperfect crisis, metastasis, metaschematismus, miliary eruption (which may also be one of the symptoms), furuncles, abscesses, deafness, blindness, etc.

Death takes place by paralysis of the nerves, or by some local affection, inflammation of the bowels, or by colliquation, putrid decomposition.

It is very difficult to measure the exact extent of the danger, owing to the deceptive feelings of the patient, the uncertainty, and the variability of the symptoms, and the opposition which seems to exist between the apparent symptoms and the internal condition. The pulse likewise cannot always be relied upon, inasmuch as a rapid pulse is not always proportionate to the intensity, nor a calm and regular pulse to the unimportance of the disease. The urine indicates an improvement, if the turbid urine become clear, or the clear urine moderately turbid; if a sediment should form at the bottom of a lemon or straw-coloured urine, this is a sign of recovery. The danger increases in proportion as the head is more stupified, insensible, soporous, the patient feels well, the local paralysis spreads over an increasing number of parts; the tongue, for instance, feels paralyzed when talking, or when protruding it from the mouth; there is difficult deglutition, incontinence of urine, involuntary stool, violent convulsions. The greatest danger occurs when the skin

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is unequally warm, dry, or else covered with clammy sweat, or when a symptomatic miliary eruption, and petechiæ, break out upon the skin prematurely. Colliquative phenomena are likewise dangerous. What is remarkable is, that deafness is generally a good sign (Hufeland).

§ 74. The treatment depends upon the individual nature of every case, and the remedies have to be chosen in accordance with the symptoms. The following remedies have proved efficient in the treatment of typhus: Bryonia, Bellad., Rhus, Phosphorus, Nux, Aconitum, Arnica, Arsenic, Ignatia, Acid. phosp., Hyosciamus, Stramonium, Chamomilla, Ipec., Carbo veg., Cina, Pulsat., Cocculus, Lachesis, Mercurius, Camphor, Opium, Hellebore, Valeriana, China, Acid. mur., Spir. nitr. dulcis, Digitalis, Secale cornutum, Staphysagria, Spigelia, Lycop., Natrum mur., Magnes. mur., and others.

Typhus frequently commences as a synochal fever, with congestion of the head and chest. The slight chills on the first and second day, in connection with loss of appetite, debility of the limbs, restless sleep, with frequent starting as if in affright, the elevated temperature of the skin shortly increasing to a stinging, burning heat, with a good deal of thirst, a full, accelerated, rather hard, pulse, and the scanty secretion of urine, point to a deep-seated affection, which will not get well without the interference of art. Only in a very few cases do we succeed in cutting the disease short; the difficulty of accomplishing this is probably owing to the vagueness and uncertainty of the symptoms, which make it impossible to hit upon a certain remedy. Frequently, however, the physician is sent for too late to prevent the development of the disease; the patient or his friends are not sufficiently acquainted with the nature of the symptoms to be aware of their dangerous character.

If typhus should set in with the symptoms of a synocha, such as: violent dry heat, burning skin, alternate redness and paleness of the cheeks, great erethism of the nervous system, restlessness, moaning,

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tossing about, apprehensive anxiety, painful congestion of blood to the head, vertigo, nightly delirium, dry cough, which racks the abdomen: Aconite is to be exhibited, and should be repeated as the intensity of the fever requires. If there should be no abatement of the fever, or if other dangerous symptoms should make their appearance during the use of Aconite, the continued exhibition of this remedy would be highly improper, and would involve an irreparable loss of valuable time.

Sometimes Belladonna is indicated at the very commencement of the disease by the following group of symptoms: the disease is occasioned by fright or chagrin; convulsive twitchings of the limbs are present; the patient complains of constant uneasiness in the limbs, especially in the hands and feet, sometimes in the head, inducing a constant movement of those parts, and change of position; or the disease sets in with fainting turns, after which an excessive sensitiveness and irritability of all the organs remains, this being the first commencement of typhus; or the fever may commence with a continual drowsiness, increasing to lethargy, with snoring, during which the countenance changes frequently from cold and pale to red and hot, similar changes of temperature being observed in other parts of the body; if the consciousness should remain active during the sleep, the sleep is frequently disturbed by startings as if in affright, by frightful, anxious dreams, with vivid fancies, the fancies continuing in the waking state, with inability to collect one's senses. In the waking state we observe in the patient various disturbances of the mind and senses, which do not justify the expectation of a sudden disappearance of the symptoms; the patient is disposed to whine, he is fearful, anxious and restless, he moans, groans, starts out of his bed, complains of internal heat, with headache and vertigo; or else he is indifferent, is not disposed to talk, and is frequently subject to illusions of the senses and the fancy.

As the disease progresses the erethic fever increases, the delirium becomes more furious, the patient has

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visions in the waking state, startings as in affright, with internal, burning heat, without thirst, distention of the veins of the head, violent throbbing of the arteries of the head, especially in the forehead and temples, violent pressing pains in the temples, from within outward, which become intolerable by movement, conversation, light, walking through the room, and are accompanied by vivid fancies and delirium; the patient stares, the whites of the eyes are red; in his rational moments the patient complains of buzzing in the ears, scintillations, and blackness before the eyes; the lips and buccal cavity are dry, the tongue is red, burning-hot, parched; the appetite is gone, the patient complains of a violent burning thirst, with difficult deglutition, on account of the violent dryness; distention of the abdomen, with sensitiveness to the touch and frequent small diarrhœic stools. The scanty urine is generally dark-red, becomes turbid, and deposits a reddish sediment. When these symptoms occur, repeated doses of Belladonna are the best remedy.

In typhus, with erethic congestions of the head, Bryonia is likewise a most valuable remedy, when the following group of symptoms occurs: after a slight cold the patient complains of a pain as if bruised in the whole body, everything upon which he is lying is too hard for him; the beating, pressing pain, in the forehead, from within outward, is especially distressing to the patient when looking up or moving his eyes; the scalp is painful to the touch, and the head burns like fire, in spite of which the forehead is sometimes covered with cold sweat; debility, weariness and weight in the limbs, which obliges him to sit or lie down, with dread of the open air; the night's rest is disturbed by erethism of the circulation, heat and anxiety, especially in the hours before midnight; the patient moans during sleep, and is waked by anxious and frightful dreams, which continue even after waking. A characteristic symptom in the commencement of the Bryonia typhus is the alternation of heat and chilliness, the former in the morning, the latter in the afternoon, and on going to bed; the thirst is moderate, but

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there is vertigo, increase of headache, and excessive erethism of the nervous system. Gastric symptoms are manifestly present; the patient complains of bitterness in the mouth, dryness and yellow coating of the tongue, aversion to food, nausea, with inclination to vomit, pressure and stinging in the pit of the stomach, sensation in the hypochondria as if they were distended, difficult stool.

As the disease progresses the violent heat becomes permanent, and is accompanied with violent delirium, without the patient complaining much of his illness; the distortion of the features, and the grasping at the head, are the only signs of the continuance of the violent headache; the continued moaning, even when the patient is awake, points to an approaching rash, which frequently breaks out in the shape of a white miliary eruption, and sometimes in the shape of petechiæ. The delirious talk of the patient in most cases turns about the patient's business, which gives him so much anxiety that he endeavours to escape. The thirst becomes more intense, the tongue drier and parched; the face is red, bloated, the dry lips are cracked; the alvine evacuations cease entirely, and the urine looks brown-red. Bryonia ought to be repeated every two or three hours.

Mercurius is an important remedy when the fever has the character of erethism from the commencement. Mercurius is best adapted, especially in the commencement of the disease, to puffed leuco-phlegmatic individuals with soft and spongy flesh and predominant inclination to catarrh and profuse sweats, and affected with bodily and mental weakness. It is certain, that Mercury deserves a preference over many other remedies when catarrhal and rheumatic fevers turn into typhoid. Mercurius is indicated by the following symptoms: a long while before the typhoid symptoms set in, the limbs go to sleep when the patient sits or lies down, with numbness, insensibility, and tingling in the same; the patient finds it hard to drag his limbs along, sweats or is affected with palpitation of the heart upon the least move-

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ment; nevertheless the uneasiness which he experiences in his limbs, compels him to move his limbs constantly. Although the patient does not yet complain of any thing in particular, yet he is so debilitated and feels so ill all over that he is obliged to lie down; he is scarcely inconvenienced by any thing, except slight heat, erethism of the blood and trembling, which occasions a constant starting and jactitation of the limbs during sleep; frequent watery stools, with moist and coated tongue, bitter, putrid, pappy taste, slight thirst, sensitiveness to pressure in the pit of the stomach, in the umbilical and hepatic region, distention of the abdomen. The mental and physical debility gradually increases, fainting turns supervene, and the patient is attacked with paroxysms of spasmodic contraction of the limbs occasioned by the sudden paroxysms of vascular erethism; henceforth he finds it impossible to leave his bed.

If, in the progress of the disease, the following symptoms should occur, Mercurius is still indicated: general erethism of the nervous system; the delirium is not altogether inconsiderable; the chills which, in the commencement of the fever, were interrupted by flushes of heat, have yielded to a constant burning heat with excessive desire for iced water. The patient complains of fulness, painfulness in the epigastrium; symptoms of a general plethora, especially in the portal system, make their appearance; frequent bleeding from the nose, from which we may infer, that the blood begins to be decomposed; excessive restlessness, anxiety, vascular erethism, pulsations, violent headache, as if the head would burst, preventing sleep and frequently interrupting it by causing the patient to start. Little by little the patient becomes more indifferent, he is desponding, does not care about life; he is frequently unable to collect his senses, he loses his memory, which loss is probably a continuance of the previous dizziness and dulness of the head. His face becomes livid, the eyes grow pale, the nose blackish, the gums swell and bleed readily; a putrid smell from the mouth makes its appearance,

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and colliquative secretions of various kinds occur, among which the watery, copious, colourless, serous or white flocculent stools are the most characteristic. Under certain circumstances Mercurius corresponds to all the varieties of typhus, from typhus erethicus to typhus putridus.

We have now mentioned the principal remedies which correspond to the typhus inflammatorius, without, however, intending to convey the idea, that they cannot be used in the succeeding stages of typhus. This would be contradicted by the symptoms which show, that all the above mentioned remedies may be serviceable in any stage of typhus. We shall now indicate the remedies which correspond more especially to the nervous phenomena in typhus, whether it exist as a primary disease, or a disease which has been developed out of other diseases. First in rank, is

Rhus toxicodendron. Upon the setting in of the precursory symptoms, the patient complains of chilliness even near the warm stove, with colic and diarrhœa, pains as if bruised in various parts, as if the flesh were beaten off the bones; the tongue is coated white, the patient feels an inclination to vomit, resulting in vomiting of mucus, he complains of vertigo; the parts upon which he lies, go to sleep and feel numb, he complains of an exceedingly troublesome stinging, drawing, and rigidity in the nape of the neck and back; he feels worst when resting and at night, for at such a time he experiences a lameness and stiffness in the limbs, beside the other symptoms. As the disease progresses, he feels extremely weak to such an extent, that he is unable to remain out of his bed, from which an apprehensive anxiety and a disagreeable feeling of heat constantly impel him to escape; his sleep becomes restless; he tosses about and uncovers himself constantly, the uncovered parts feeling so chilly, that it makes him wide awake, and sleep is prevented by the excessive erethism of the circulation and by a variety of fancies; if he should, however, fall asleep, his sleep is disturbed with the most troublesome dreams.

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As the fever progresses, a typhus abdominalis becomes more and more marked; the evening chilliness, which is followed in bed by several hours' dry heat and thirst, cutting as with knives in the abdomen, and diarrhœa, disappears entirely and is changed to a continuous heat with violent delirium, pains in the limbs, excessive weakness, dry, blackish tongue and lips, burning-red cheeks, subsultus tendinum, floccilegium, sopor with muttering and snoring, small accelerated pulse. When the delirium abates, the greatest anguish is depicted in the features, which takes place more frequently before than after midnight, and is accompanied with prostration of strength. If the patient should be on the point of falling asleep again, he is constantly prevented from so doing by starting as in affright. The following are some of the accompanying symptoms: Redness and lachrymation of the eyes, which are no longer susceptible of any impression from without, dryness of the nose, collapse of countenance, fetid odour from the mouth, involuntary discharge of stool and urine; the urine is whitish and turbid during emission, before any colliquative symptoms had set in, and becomes much more so by standing; oppression of the chest is a characteristic symptom for Rhus; this oppression continues from the commencement to the end of the disease, whether terminating in death or recovery.

Rhus is one of the most distinguished remedies both in the commencement and the progress of the disease, in typhus versatilis as well as in stupidus (especially in the latter); it is likewise of great value during the stage of convalescence, when the improvement is very slow, the pulse continues feverish, there is an appetite, but more for particular things, than for natural simple food; there is yet some inclination to diarrhœa, and the oppression of the chest is not entirely removed.

Next to Rhus is Phosphorus, which is principally indicated, when typhus arises from onanism or from a slight cold. This kind of typhus has a long precurso-

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ry stage, commencing with rheumatic pains in the upper and lower limbs, and accompanied by a capricious sensitiveness; those pains are generally very intense early in the morning and evening, in bed, they increase when a current of cool air comes in contact with the limb, and are frequently accompanied by other symptoms, such as: rheumatic drawing in the nape of the neck, stiffness of the affected limbs, toothache, weariness, and a bruised feeling in all the limbs, vascular erethism with dulness and tightness of the head, palpitation of the heart, stitches in the pit of the stomach, cutting pain in the bowels, and a general sick feeling. If these symptoms should continue for any length of time without any change for the better being effected by the medicine, the disease reaches a higher degree characterized by the following symptoms:

The continuous heat is accompanied by a small, hard, quick pulse, throbbing of the carotids, profuse night-sweats; the sleep is interrupted by shrieks, constant fancies, moaning, tossing about, want of breath, stitches, rattling in the chest, oppressive cough with bloody expectoration (pneumo-typhus); upon waking the patient complains of great heat, dry mouth with thirst, painfulness of every part of the body. These symptoms are accompanied with sensitiveness and rumbling in the cœcal region, especially when making pressure upon it, burning feeling in the abdomen and anus, frequently accompanied by half liquid, bloody stools; vertigo with stoppage of the head; the stupefaction and beating pains in the head are very great, there is a gauze before the eyes, hardness of hearing, frequent discharge of blood from the nose when blowing it, and heat in the face. The tongue and lips are dry and parched; the appetite is entirely wanting; the patient, when conscious, complains of bitter taste. (Phosphorus is frequently indicated when the patient lies in a state of stupor.) The urinary discharges are copious, at times depositing a reddish, at times a white flocculent sediment.

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A striking symptom is the excitation of the sexual organs, which occurs in both sexes, and frequently increases to satyriasis and nymphomania.

Phosphoric acid is closely related to Phosphorus, but more so to Pulsatilla. Phosphorus may, under certain circumstances, be employed against any form of typhus; Phosphoric acid has a more limited, but at the same time more definite sphere of activity. Even the precursory symptoms of a phosphoric acid typhus are so well marked that there can be no doubt as to the selection of the remedy. The symptoms are frequently occasioned by long grief, chagrin, care, and increase to such an extent that they become dangerous to life. The precursory stage almost always commences with a gastric derangement, which is even characterized by the peculiar eruption about the mouth; there is a striking rising of air, with nausea, which compels him to lie down, and then frequently increases to a considerable vomiting, with extreme sensitiveness of the stomach and pit of the stomach, which increases more and more as the vomiting continues, and extends over the whole abdomen. The appetite is entirely wanting, the thirst is great, the patient has a particular desire for acid, juicy drinks. Diarrhœa supervenes with borborygmi in the distended abdomen; the frequent light-yellow stools require more particularly the exhibition of Phosphoric acid. If these symptoms be accompanied by intense pain in the inmost parts of the lower abdomen, which is even aggravated by the contact of the shirt; if a red miliary eruption make its appearance in various parts; if the pulse be frequent, weak, sometimes intermittent; if the patient be unable to collect his senses; if muttering delirium, stupor, burning heat of the skin, a dry, parched state of the buccal cavity, and permanency of the recumbent posture be present, frequent doses of acidum phosphoricum will effect the desired improvement. This remedy is always most suitable in the commencement, as well as in the progress of a typhus stupidus, whether this arise from a gastric or erethic typhus: characteristic indications for Phosphoric acid are bland delirium, or silent and

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quiet recumbent posture, the patient giving a proper answer for a few moments, but shortly afterwards relapsing again into his former condition.

Having spoken of a typhus stupidus, we ought to allude to a remedy which is closely allied to Phosphoric acid, and is yet too much neglected in typhus, we mean Acidum muriaticum. There are two symptoms which indicate this remedy exclusively, they are the following: the patient constantly settles down in the bed with moaning and groaning during sleep, and this settling down takes place again even after the patient has been raised, with constant muttering in the waking state, and inability to collect his senses; the second characteristic symptom is: the paralytic condition of the tongue, with great dryness in the mouth and fauces; even when fully conscious, the patient is not able to move his tongue as he would like; the tongue feels heavy and too long, so that he is unable to raise it. The accompanying symptoms, such as burning heat, obliging the patient to uncover himself, accompanied with anxious uneasiness in the body, the tossing about, and the frequent waking from sleep; the loss of appetite, aversion to nourishment, etc., are not sufficiently definite to indicate any one remedy in particular. The intermission of the pulse every third beat, and the profuse quantity of watery urine, might perhaps be considered as characteristic indications for Muriatic acid. As a general rule, Acidum muriaticum is a great remedy in typhus stupidus.

The principal specific in typhus, especially in a well marked typhus abdominalis and putridus, is Arsenic. Diseases of the mucous membranes, which have developed themselves out of gastric, bilious, and mucous fevers, constitute the greater part of the curative sphere of Arsenic; diseases with intermittent type likewise correspond to Arsenic; this is another reason why Arsenic is a great remedy in typhus, with well-marked exacerbations. The homœopathic physician will think of Arsenic even in the commencement of typhus, if unimportant symptoms, such as a single vomiting, a diarrhœic stool, a little pain, etc., should

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be accompanied with great debility, obliging the patient to lie down, and with drowsiness, the sleep being nevertheless disturbed by restlessness and anxiety, with burning heat. Soon after the seated, characteristic, burning pains in one side of the abdomen make their appearance, with sensation as if a heap of incandescent coal were deposited in that region, with coldness of the limbs, and parchment-like, dry, hot skin, panting for drink, petechiæ, and white miliaria. The patient complains of giddiness, with buzzing in the ears, and hardness of hearing; the countenance is pale, livid, and distorted in a peculiar manner; aphthæ form in the mouth, with frequent inclination to vomit, occasioning a faint feeling every time the inclination occurs; meteorism, with burning and excoriating alvine evacuations, consisting of a yellow water, with cadaverous smell, and passing off without the patient being conscious of it.

Further observations will have to show whether small doses of Arsenic are as efficient in typhus as larger (the second, third, sixth attenuation). As for ourselves, we have *cured* our patients with the lower attenuations, repeating the dose less frequently as the improvement progressed more rapidly. It ought to be noticed that many typhus patients do not complain of pain in the bowels until pressure is made upon the part; in this case the pain is very rarely burning, but on the other hand so much more characteristic as a therapeutic indication.

Carbo vegetabilis holds almost the same rank with Arsenic in those forms of typhus for which Arsenic is such an admirable specific. We have found Carbo not only indicated in the last stage, characterized by decomposition of the fluids, ulceration of the intestinal canal, decubitus gangrænosus, stupor, with rattling, cold sweat over the whole body, hippocratic countenance, small, weak pulse; but also in the second stage, which is, in fact, its principal sphere of activity. In the third stage it has been used with great success by many practitioners. The principal indications for its use are the following: burning stinging in the inmost

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parts of the abdomen, with great anguish and troublesome flatulence coming on after every meal, and accompanied by loose stools, with tenesmus, burning, light-coloured, bloody, and having a putrid smell. The appetite is not entirely extinct, the patient has a great desire for salt food and coffee, complete aversion to meat; the patient is afraid of taking any nourishment, on account of the above-named symptoms, together with burning in the stomach, arising from it. There is nightly agglutination of the eyelids; the patient suffers with hardness of hearing, tingling in the ears; (Carbo is a very important remedy for the anguish which is occasioned by violent congestions of the chest and head, and accompanied by burning skin;) bleeding of the nose, with stoppage of that organ, which is maintained by a constant formation of scurfs; eruption around the nose, and the blackish-looking chapped lips; the patient sleeps with his limbs drawn up; it is a restless sleep and frequently interrupted by waking. On raising the head the patient feels giddy, and is extremely unhappy and oppressed. Carbo is a most important remedy in typhus abdominalis during the ulcerative stage.

When the above-mentioned symptoms occur, Rhus, Acidum nitr., Phosphorus, and Lycopodium ought likewise to be considered. Rhus and Nitric acid when the pains are not very burning; Acidum nitricum is indicated when certain parts of the abdomen are very sensitive to pressure, with dragging, stinging pain in the rectum, evacuations of green mucus, difficult urination, tendency to collapse; Lycopodium deserves consideration when the urine is burning.

An incomparable remedy in the first stage of the disease is Staphysagria, when the following symptoms occur: sordes on the teeth, pale and bleeding gums, with painful swelling of the gums, and rapid decay of the teeth; vanishing of thoughts and ideas, weakness of memory, dulness of mind, great indifference and ill humour; vertigo, with stupifying headache; dimness of the eyes, itching, stinging, and heat in the canthi; fulness in the pit of the stomach, with frequent hickup

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and vomiting; tension across the hypochondria, oppressing the breathing; pressure, weight, and tension in the abdomen; cutting pain in the bowels, with nausea; copious diarrhœic stools. As a general rule, Staphysagria is the best remedy, if the sexual organs are involved, and if the characteristic pains in the chest, heart, and spinal marrow, the various gastric troubles, the fetid-smelling sweats, the weariness and bruised feeling in the limbs, the morning and evening febrile erethism occur; all those symptoms point to a deep-seated affection of the nervous system, the complete development of which is frequently prevented by Staphysagria.

In the second stage of the disease Valeriana is frequently an efficient remedy, when white miliaria and bland delirium have made their appearance. The miliaria occurs most frequently on the chest and in the nape of the neck, it causes a burning and stinging sensation and announces itself a few days previous to its breaking out by stinging pains in the pit of the stomach and a continuous oppression of the chest; this latter symptom is greatly relieved by dry cupping at the pit of the stomach. The delirium is accompanied with great nervous erethism and tremor, and consists of illusory notions, such as: the patient is not herself, but some one else, to whom she has to give way, on which account she keeps constantly pushing towards the edge of the bed; or she is in a carriage and has to make room for some other person to come in; or some animals are lying by her side which she fears she will crush by the weight of her body, and the like.* The patient complains, moreover of great pains in the limbs, especially in the feet, which are spasmodically stretched, are extremely sensitive to contact, and resume their natural position only gradually as the patient improves. The pains which the patient experiences in the limbs, likewise

* The reader will perceive that these symptoms are spoken of as belonging to a female patient; we may infer from this that Hartmann has met such a group of symptoms in his practice in a female patient, and, having cured it with Valeriana, has inserted it here as a group of general occurrence.—HEMPEL.

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involve the spinal column, decubitus supervenes very speedily. As a general rule Valeriana may be employed in typhoid fevers which commence with an irritation of the spine, as manifested by violent spasms, asthma, distortions of the countenance, &c. The appetite never disappears entirely, but the thirst is much greater; the febrile heat is continuous, the pulse being accelerated and weak, 100 beats a minute; the sleep is restless, disturbed with anxious dreams, during which the patient constantly endeavours to uncover himself. The abdomen is sensitive to the touch in the ileo-cœcal region, it is generally distended; costiveness, scanty, turbid urine.

§ 75. In typhus gastricus the following remedies are the most efficient: Ipec., Cham., Puls., Ignat., Nux, Cocculus, Arnica, China, Digitalis. Ipec. is indicated when the gastric symptoms prevail; by slimy, bilious diarrhœic stools, occasioned by the abuse of pork and pastry (see also Pulsatilla) and appear in company with spasmodic pains. Children and females being particularly predisposed for such affections, Ipec. is especially useful to those classes of persons, and the more so when the following symptoms occur: the spasms consist in tossing the head to and fro, distorting the features, jactitating the limbs, stretching the body as if in a state of rigor (spinal irritation); starting from sleep as in affright, violent, general heat, especially in the evening hours, accompanied with great nervousness and irritable mood; yellow coating of the tongue with constant inclination to vomit, and vomiting of bilious substances, &c. (see gastric and bilious fevers).

On a par with Ipec. ranks Chamomilla, when convulsions and spasmodic symptoms occur, with bright-red, dry, cracked tongue, lined with a yellowish-white coating, slimy, putrid, and bitter taste, putrid smell from the mouth; inclination to vomit, and bitter vomiting of food; pressure at the stomach and distention of the abdomen with great sensitiveness to pressure, with cutting, burning, and pinching pains; diarrhœic stools of white or yellowish-green mucus; urine

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with yellow flocks; catarrhal symptoms; great nervous erethism; vivid fancies both during sleep, which is full of dreams, and in the waking state during the febrile heat which is accompanied with great thirst.

We refer the reader to the chapter on the gastric fevers for a more detailed account of the symptoms indicating the preceding as well as the succeeding remedies.

Pulsatilla is a great remedy in typhus gastricus. This remedy is adapted to persons with a mild, yielding temperament and a timid disposition with inclination to weep. The febrile heat is always mingled with chilliness which comes on as soon as the patient uncovers himself; there is no thirst; the pulse is quick and small; bland delirium, weeping, wringing one's hands, alternating with sopor.

Ignatia is adapted to persons with fitful temper, changing from mirth to sadness. The fever is almost always accompanied with sudden flushes of heat, headache, pain in the pit of the stomach, great debility, occasional alternation of redness and paleness of the countenance, dry, chapped lips, white tongue, deep sleep with snoring, accelerated small pulse, and the gastric and bilious symptoms which characterize this remedy.

Nux is equal to any of the above-named remedies in this variety of typhus; in many respects it is superior, since the action of Nux extends over almost all the organs and systems of the human organism. Pulsatilla is closely related to Nux, but more so to Phosphoric acid. The difference between Nux and Pulsatilla is more general than special. Puls. is more suitable to females, Nux more to males; Puls. corresponds to the mild yielding temper, Nux to a lively, sanguine, choleric temperament and an artful, malicious disposition; Pulsat. is indicated by predominant paleness, Nux by a bright-red complexion, and in general by plethora which, in many persons, is indicated by hæmorrhoids. These are the general differences. The particular indications for Nux are the following: troublesome heat which is frequently

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mingled with flushes; hard, full and frequent pulse; pains and debility in the limbs, tightness and dulness of the head, vertigo, aching pain in the forehead (relieved by laying the head upon the table); oppressive crampy pains in the stomach and a tensive pressure in the pit of the stomach with nausea, bitter taste and eructations, with yellowish coating of the tongue, complete loss of appetite and vomiting of the ingesta, cutting spasms in the abdomen, constipation, painful emission of urine, which looks reddish and frequently bloody; all impressions from without are intolerable to the patient, he is deeply affected by them, he moans, groans, he becomes vehement, even unto rage.

Cocculus ranks on a par with Nux, when the gastric symptoms, such as: loss of appetite, aversion to any kind of food or drink, inclination to vomit and nausea unto fainting, bitter eructations, painful oppression in the pit of the stomach, and constrictive spasms in the abdomen in the direction of the inguinal ring, frequent, small, diarrhœic feculent evacuations, are accompanied by heat of the upper part of the body, chills of the lower limbs, cold feet, burning heat in the whole countenance, burning thirst, sudden attacks of violent anguish, &c. This remedy deserves consideration whenever typhus develops itself out of a severe illness, or is brought on by frequent chagrin. In this case it is indicated by frequent attacks of a disagreeable burning heat and redness of the cheeks, by evening exacerbations characterized by hot hands and a sensation of dry heat over the whole body, with nightly sleeplessness and delirium; by frequent shiverings in the day-time, with great debility, obliging one to lie down; great sensitiveness of feeling, extreme ill humour, depression of the vital energy, tremor of the limbs, paralytic immobility of the limbs, hemiplegia, sudden attack of anguish with shortness of breath and palpitation of the heart.

Arnica is a valuable remedy not only in typhus gastricus, but also in genuine typhus, if stinging pains

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with pressure be felt in the head, especially the forehead, with frequent bleeding at the nose which does not afford any relief, with continuous general heat, external and internal chilliness, and unquenchable thirst during night. Arnica is likewise an excellent remedy in typhus stupidus, when the patient is entirely unconscious of himself, like one, whose brain has been violently concussed; the patient does not stir, nor is any delirium present.

China may prove useful for the following symptoms: tearing pains in the head with pressure, especially at night, accompanied with anguish, fear, uneasiness with subsequent sleeplessness, congestion of blood to the head with heat, fulness, vertigo, buzzing in the ears, hardness of hearing, pale, sunken countenance; dryness of the mouth, yellow coating of the tongue, slimy bitter taste, great desire for cold water; heartburn after eating but little, empty retching, cardialgia, constrictive flatulent colic deep in the abdomen, and pressing of the flatulence from within outward, with tension and anxiety below the hypochondria, and diarrhœic, slimy stools containing undigested food; white and turbid urine; oppression of breathing, especially in the evening, with uneasiness in the chest and a small, feeble pulse; general chilliness and rather cool extremities. All these symptoms, which are characteristic indications for China, point to a rather acute as well as slow typhus gastricus, and likewise to a difficult convalescence, arising from a depression of the vital forces by exhausting evacuations and secretions.

Digitalis likewise corresponds to a typhus gastricus. Even before the physician has thought of the disease, Digitalis is indicated by a constant desire to urinate, with scanty emission of a dark-brown urine, especially at night; the patient complains of dizziness and vertigo when rising. This condition of things, which is not very alarming of itself, frequently precedes the outbreak of the real typhus for days and weeks. The disease generally sets in with a painful stiffness in the

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back and limbs which is most intense after dinner. Weight and indolence in the limbs easily supervene, requiring the patient to lie down. The first symptoms generally denote a depression of the vital energies, with slow, sluggish pulse. Characteristic and infallible indications for Digitalis, are: a yellowish complexion, constant desire to urinate, disturbing sleep, alternate chills and heat, burning of the head, face and ears, redness of the cheeks, anguish, excessive dread of the future; optical illusions; violent vomiting of bile, with crampy pains in the stomach sometimes relieved by eructations; painful pressure in the region of the liver, etc.

§ 78. The remedies which we shall mention in the following paragraphs, are no less efficient in the treatment of typhus than any of the preceding, and may have to be used in any variety and stage of typhus as the symptoms may require. In order to avoid the necessity of constantly recurring to the same remedy in describing the various groups of symptoms for which it may be required in the various stages and forms of typhus, we will mention at once the whole series of the symptoms to which the remedy corresponds in typhus generally.

Stramonium is particularly indicated by muscular spasms, spasms of the facial muscles, pharynx, especially when drinking or generally when swallowing, distortion of the eyes, tremor of the limbs, even of the tongue when protruding it. It will be found efficient in that form of typhus which is occasioned by spinal irritation; the fever increases to a great degree of violence with exacerbations at different periods of the day, especially in the afternoon and at midnight, accompanied with loss of consciousness, trembling, small, rapid, and frequently intermitting pulse. The delirium, if present, is generally of a bland character, a sort of unintelligible muttering; the patient is either in a state of sopor or sleeplessness; stool and urine are frequently retained. These symptoms denote evidently a typhus stupidus for which Stramonium has been

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employed, with success. It may likewise prove useful in typhus erethicus. Closely related to Stramonium and useful in typhus stupidus, is

Hyosciamus. This remedy deserves attention when the fever has set in suddenly without any precursory symptoms, or perhaps with a sudden swoon (see Veratrum). In spite of the burning febrile heat of the whole body with evening exacerbations, without thirst, putrid taste in the mouth, red, dry tongue: the pulse is small, slow and weak. The patient tosses from side to side owing to the violent erethism of the nervous system, he has no sleep; if any sleep should take place, it is frequently disturbed with startings as if by fright, grinding of the teeth, profuse sweats, which disappear again as soon as the patient wakes and cannot, therefore, be considered critical; the skin is dry, parchment-like, the extremities are cold, the whole body feels weak and exhausted, there is great anguish as precedes the eruption of miliaria; the patient is entirely stupid and unconscious, or else there is muttering delirium, absurd talk and floccilegium. Hyosciamus is likewise suitable for the following symptoms: excessive wakefulness, subsultus tendinum, slight convulsive movements of the limbs; quick, full, and hard pulse, with distention of the veins all over the body, and burning heat; constant delirium with open eyes; desire to escape, without knowing why; rattling breathing, distortion of the features and eyes; demeanour as of a maniac; scanty emission of urine, which needs not to depend upon a spasm of the bladder, but may be occasioned by a diminished secretion; the involuntary emission of stools and urine during an absence of consciousness is no counter-indication of Hyosciamus, inasmuch as that phenomenon may occur in consequence of a paralytic weakness of the sphincter muscles, and of an entire absence of mind in the patient with consequent absence of all volition. These two symptoms hold a prominent rank among the physiological effects of Hyosciamus upon the healthy organism.

Opium is another valuable remedy in typhus. It is

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particularly indicated by the following symptoms: loss of consciousness and sopor; the patient lies with open eyes, and is speechless; the limbs are rigid; the pulse is quick, full, and hard; the face is dark red, and puffed; the respiration laboured, snoring and rattling; all these symptoms afford an image of a true typhus stupidus (apoplecticus), Opium will be found efficient in that condition of the patient. If this condition have lasted too long, and a slow, feeble, intermittent pulse set in, and those parts which were bloated collapse, Opium will not do any good. Nor will any other remedy. Death will soon take place. If the patient should be lying with his eyes closed, without sleeping; if the hearing and taste of the patient should not have entirely disappeared; if the patient should still give a sign of life when spoken to; if there should only be the highest degree of sopor, without a complete paralysis of all the functions and organs: in such a case it might perhaps be possible to reanimate the vital energies and the mental powers. This result could only be accomplished by one remedy, which acts by exciting the olfactory nerves, it is Spiritus nitri dulcis, which should be applied to the patient's nose every minute at first, and afterwards less frequently, as the signs of a restored vitality increase. As soon as the patient's consciousness has returned, the Spiritus nitri. dulcis ceases to do good, and Rhus, Nux, Belladonna, Pulsat., Acid. phosphoricum, or some other remedy will have to be employed.

Camphor has been employed with great success in typhus by many homœopathic physicians. By some Camphor has been found useful after Rhus, especially when the following symptoms occurred: violent delirium, hot and tight and dull head; cold, clammy skin, with colliquative sweats; great debility, inclination to diarrhœa. More particular indications for Camphor are the following: the febrile paroxysm sets in with a sudden loss of sense, falling down without consciousness, spasmodic stretching of the body, twitchings of the facial muscles, and shortness of breath. After these symptoms have disappeared, the

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patient complains of a constrictive, beating headache, with burning hot forehead, cold hands and feet; the headache increases by every change of position; vertigo sets in, as if the patient would fall over, with loss of consciousness, weak and scarcely perceptible pulse; these symptoms are gradually followed by heat, which is first felt in the face, and then over the whole body, hands and feet remaining cold; loss of thirst; scanty and rare emission of turbid urine, depositing a thick sediment.

Cina is said to be very useful in typhus, since it has a powerful stimulating action upon the nerves of the abdomen. Cina corresponds most accurately to a worm fever, with typhoid symptoms; when such symptoms occur, Cina is probably of importance only in the commencement, when burning heat of the face, redness of the cheeks, increased desire for cold drinks, slight delirium, restlessness, tossing about, prevail, especially in the evening and at night; between the exacerbations the patient shows a sort of indifference to either agreeable or disagreeable things, although he calls for a good deal; he complains of a numb and stupifying pain in the head, with sensation as if the head were screwed in; this pain increases to such a degree that it causes convulsions and contortion of the limbs.

Hellebore has been recommended in typhus, which has developed itself out of some other disease; for instance: out of scarlatina, measles, cholera, gastric and worm fever, etc. Hellebore corresponds more or less to the following symptoms: internal chills in the evening, in bed, with burning heat over the whole body, especially the head, with glowing cheeks, absence of thirst, sometimes even aversion to drink. Particular indications for Hellebore are: the febrile symptoms which have been mentioned in the preceding paragraph, and which are accompanied by the following symptoms: bloatedness of different parts of the body, with heaviness in the same; sopor, with numerous fancies, and tossing to and fro; hypochondriac mood, and dulness of sense; the scalp feels bruised, with œdema of the whole body; dark, turbid urine.

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Among the symptoms of Lachesis we distinguish the following typhoid condition: chilliness every evening, with drawing in the back, and in the lower limbs from below upwards; dry heat at night; loss of appetite and exhaustion. In a few days the following symptoms supervene: vertigo when sitting up in the bed; the eyelids feel paralyzed, and it is difficult to open them; bitterness in the mouth; simple pain in the chest and dry cough, tearing in the left thigh and back. After these symptoms have lasted some time, a soporous condition sets in after the patient has passed a very restless night, characterized by a sort of stupified lying on the back, from which the patient only wakes by shaking him violently, and talking to him with a loud voice; his tongue is very heavy when talking; sunken countenance, the lower jaw is hanging down; the pulse is seventy, soft, unequal; some sweat, with coolness of the legs and feet; the tongue is red, smooth, dry, and he protrudes it with great difficulty. He emits a copious quantity of brown-red urine.

Secale has been found efficient by several homœopaths in typhus arising from other diseases, as well as in that arising from an irritation of the spinal marrow. The patients gradually lose their appetite, desire to drink continually, especially cold water, are in a constant state of fever, which consists principally of dry heat, with hurried pulse; they are very restless, sleepless, debilitated; they complain of wandering pains in the back and small of the back, gradually assuming a spasmodic character, and flying from one part to another; those spasms are of a tonic character in the feet and hands, clonic in the facial muscles, with subsultus, tremulousness, jerks; the spasms in the muscles of the chest occasion asthma. Secale is a distinguished remedy in that stage of the fever; if repeated every two or three hours the spasmodic pains soon disappear, after which another remedy may be exhibited, unless the delirium and the fever should have subsided under the influence of Secale.

Lycopodium, of which mention has been made above, is not only applicable to a few single symptoms in typhus, but to typhus generally. It has been suc-

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cessfully employed in those fevers when they were characterized by constipation, waking with ill humour, scolding, screaming, and various improper manners. Characteristic indications for Lycopodium are: nervous erethism, without heat of the head or redness of the face, circumscribed redness of the cheeks, great debility, sweats which do not relieve, and a red, dry tongue.

In order to enable the beginning practitioner of homœopathy to select Lycopodium with a tolerable degree of certainty, we shall try to define the group of symptoms for which Lycopodium is more particularly adapted. The Lycopodium typhus commences with a concealed chilliness which continues for several days, is worse towards evening, the skin being cold to the touch all over, and the sleep not being particularly disturbed by the coldness; in a few days the chilliness gives way to a burning heat all over the body, accompanied with shortness of breathing, slight thirst, fulness of countenance, frequent startings from sleep, and vertigo when rising, as if everything turned in a circle. Gradually the sleep becomes more and more restless, disturbed with fancies and a number of confused dreams, occasioning a constant tossing about, shrieking, and waking; the patient, even when of a mild temper, becomes irritable and sensitive, vehement; tightness and dulness of the head, difficulty to think, selection of wrong words when talking, and a slight delirium supervene. The skin remains dry, even when the fever increases; the tongue becomes dry, heavy, is painful as if burnt, without thirst, or but little desire for water; the patient is extremely faint and debilitated; frequent ineffectual urgings for stool make their appearance, accompanied with frequent but scanty discharges of burning, dark brown urine, especially at night. These fevers are always accompanied with shortness of breath, congestion of blood to the chest, palpitation of the heart.

Natrum muriaticum has likewise been recommended in typhus characterized by weakness, dryness of the tongue, and great thirst. Characteristic indications

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for Natrum mur. are: typhus following upon exhausting diseases; typhoid symptoms may be prognosticated when the patient is unable to recover his strength, complains of bruised feelings in the limbs, depriving him of his night's rest by arresting as it were the breathing; extreme mental and physical debility, continuous febrile heat, with evening exacerbation; quick, full pulse; hurried, oppressed breathing; constant palpitation of the heart, with anguish, headache, as if the head would burst, especially in the forehead, with such a violent throbbing in the forehead that the patient sometimes loses his senses and becomes delirious; the complexion is livid, the tongue dry and heavy, so that he is scarcely able to talk; aversion to food; a good deal of thirst—which, when quenched, occasions a distention of the abdomen, and a good deal of rumbling and cutting in the bowels, sometimes even an inclination to vomit, and small watery stools; there is a copious secretion of urine, which deposits a brick-dust sediment.

§ 77. Some physicians have recommended Sulphur in the treatment of typhus. In our opinion Sulphur ought only to be given for the purpose of restoring the susceptibility of the organism to the action of one or the other of the remedies which we have indicated for typhus. In this respect Sulphur acts like Opium and Mercury, and should be employed when the following indications for its use are present: the typhus is a consequence of some acute cutaneous disease; or the patient has been affected in former times with some chronic cutaneous affection; it is likewise useful when Pulsat., Merc., and Nux, although they seemed to correspond to the symptoms, had no effect, or when the action of the specific remedies is prevented by the abuse of spirits to which the patient was addicted previous to his illness. Sulphur is likewise indicated when the patient is of a scrofulous habit and had been complaining of pains in the limbs previous to the invasion of typhus; it may also be usefully employed when a violently burning miliary eruption frequently makes its appearance in one or the other part of the

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body during the course of the disease; or, finally, in gastric fevers with typhoid symptoms. More particular indications are the following: continuous profuse sweats which afford no relief; the sleep at night is disturbed with fanciful ravings; even when the patient wakes the fancies continue to crowd upon the patient, the head feels dizzy and benumbed, which the patient is unable to account for; he is extremely timid, inclines to start, is out of humour, and easily vexed; hardness of hearing; sunken eyes surrounded with blue margins; pale and wretched complexion; dry and chapped lips; dry, parched, bright-red tongue; and taste as of blood in the mouth; Sulphur is, moreover, characteristically indicated by the painfulness of the abdomen to the touch, with sensation as if it were sore and raw inside; there is no diarrhœa, but sometimes such a violent urging that the stools frequently pass off involuntarily; this same statement applies to the urine which is very rarely of the same colour, and generally changes in colour from time to time.

Spigelia, Digitalis, and the Muriate of magnesia, afford in many cases essential benefit in treating the ailments which often remain after typhus. We have already spoken of Digitalis. Magnesia muriatica removes the pains as if bruised all over, the great debility and weight of the limbs, the ill humour consequent upon that condition of the limbs, especially when occurring in individuals whose nerves are weak even in a state of health; the restless sleep at night which is frequently disturbed by anxious dreams, nightmare; the sensation of oppressive weight in the head, which frequently lasts a long while, and is accompanied with vertigo and a dull and dreary feeling.

Spigelia corresponds more particularly to the feeling of weakness in the reproductive organs, without, however, being an exclusive remedy for that condition. Characteristic indications for Spigelia are: great debility after the slightest exercise; sad and desponding mood, accompanied with a pressing pain in the forehead from within outwards, which extends deep into orbits especially when stooping forwards, and appears

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with increased violence every other day; the acid taste in the mouth with painful fissures in the tongue; the complete aversion to smoking; excessive appetite and great thirst; the painful pressure in the pit of the stomach, which makes every least pressure from without unpleasant, and is accompanied with palpitation of the heart and anxious oppression of the chest; the feeling of fulness in the abdomen even after a moderate meal, with rumbling in the bowels and papescent stools.

§ 78. We shall conclude the chapter on typhus and typhoid diseases by a few cursory remarks on certain forms of typhus, which we have not yet had an opportunity to treat in our country (Germany), and the probable remedies of which we will point out with a few broad indications.

Before proceeding we will state, that it is exceedingly bad practice to change the remedies every six or twelve hours, as some physicians do, who get frightened, if they do not see an improvement in that time. Typhus, if it should have fully set in, cannot be cut short by a remedy, and all that the physician can do, is, to cure the patient. It is therefore advisable to repeat the remedy, provided it has been chosen with all possible care, until an improvement takes place in the symptoms; if the patient should get worse, this would be positive evidence that the remedy was not homœopathic to the disease. If the symptoms do not get worse, this may be considered an improvement in typhus; it would be indiscreet to give another remedy under such circumstances with a view of hastening the cure; we might perhaps destroy the good effects which we had so far obtained by our treatment. A frequent change of remedies is only justifiable in case the symptoms should vary frequently, provided always that the changes in the symptoms are no medicinal aggravation. The physician who conducts the treatment has to decide about that. If he should not clearly recollect the physiological effects of the remedy, let him either refresh his memory, or else wait three or four hours before prescribing a new remedy. At the end of that period the disease will have taken such a

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turn as will either justify or condemn the selection of the last remedy. Should the frequent changes in the symptoms constitute regular paroxysms, the physician would then have to select among the following remedies, the principal of which we shall name first: Ars., Carbo veg., Veratrum, China, Nux, Cocculus.

A good deal is said about pneumo-typhus as a particular disease, without considering that the inflammatory process in the lungs frequently takes place in company with the typhoid, and that the known hypostasis, which is going on in the lower lobes of the lungs in every typhoid disease, sometimes increases to a real pneumonia, in which case the inflammatory symptoms are more marked than those which properly belong to the typhoid process. The treatment is the same as that of pneumonia typhosa, of which we shall treat hereafter.

As regards diet, the patient ought to live on thin gruel, soups made of salep, sago, oat-meal, &c., light and easily digested meat, such as pigeons, capons, chicken, &c., light vegetables, and even bread and a little butter, if the patient should have any desire for it. The patient may eat fruit, raw and boiled; his drink should be boiled milk, toast-water with a little mulberry, raspberry, althea or cherry-juice. The patient may likewise drink buttermilk, which will not injure him in the least. There is scarcely a disease, where the desire of the patient for one or the other kind of food ought to be regarded with more care, than in typhus, especially if the patient desire acid things. The temperature of the room should be the same at all times, rather cool, and the patient should not have too much covering. The room should be kept perfectly quiet, as every impression, which the patient receives from without, tends to irritate his brain and furnish new food to his ravings. It is of the utmost importance, that the patient should be kept clean, and the room should be aired from time to time, without, however, exposing the patient.*

* We recommend our readers never to allow recovering typhus patients any *raw* fruit; for a fortnight after the cessation of the fever, the diet should

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§ 79. *Typhus putridus, febris putrida. Fever with decomposition of the animal matter.*

Typhus putridus sometimes sets in as an epidemic fever; in which case it becomes a primary disease which is engendered by a putrid contagium; most frequently, however, typhus putridus developes itself out of an acute fever, and more particularly out of typhus; it may likewise arise from every other kind of fever, even from an inflammatory, by the patient being kept too hot, or in uncleanliness, vitiated air, etc. In men who are affected with some morbid dyscrasia, the scorbutic diathesis, or who have been poisoned with Mercury.

The fundamental character of typhus putridus is an excessive depression of the vital forces with disposition to putrid decomposition. Without mentioning again the general characteristic symptoms of typhus, which are the same in all the varieties of that disease, we will content ourselves with simply mentioning those which belong to typhus putridus exclusively; they are: quick, small, soft, easily compressible pulse; calor mordax, the hand, when touching the patient, experiences a disagreeable, pungent, burning, prickling and stinging sensation, which increases as the contact is prolonged and leaves a similar sensation behind for some time; internal chilliness occasionally, or shiverings creeping over the skin; the breathing is generally calm, no thirst; great anguish, despondency, indifference, insensibility. Characteristic indications are, likewise: putrid, cadaverous smell of the breath, of the exhalations from the skin, and of other secretions; petechiæ; profuse, oily, clammy sweats; turbid, dark urine, colliquative diarrhœa, hemorrhages from every orifice of the body, decubitus, tendency to gangrene; the blood which is evacuated does not decompose itself into cruor and serum like healthy blood, but forms a pappy mixture.

be extremely simple, although the patient need not starve; butchers' meat, stimulating drinks, potatoes, celery, radishes, and the like, should not be used. Some physicians, who are even very clever in other respects, are not sufficiently careful in regulating the diet of their patients.—HEMPEL.

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§ 80. The treatment of these fevers, whether primary or consecutive diseases, is very seldom successful. The existing symptoms do not so much point to certain remedies as to a decomposition of the fluids and more particularly the blood.

The fever is not a putrid typhus, as long as symptoms of decomposition have not made their appearance. Even if the putrid state should set in as a primary disease, there are precursory symptoms denoting a gastric, bilious, pituitous, or typhoid state, and requiring a treatment such as has been indicated for those conditions.

The following remedies are principally indicated for that variety of typhus: Arsenicum, Arnica, Carbo veg. and anim.; Kreosot, Acidum phosp. and muriat.; China, Ipec., Mercur., Mercur. dulcis, Rhus, Bellad., Nux vom. and moschata, Hyosc., Opium, and sometimes perhaps Camphor and Cuprum.

Arsenic is probably preferable to every other remedy when the disease has reached its worst stage, when the patient complains of burning heat, great anguish and restlessness, when petechiæ, aphthæ and profuse colliquative secretions are present. Arnica may be of use when profuse and frequent hemorrhages take place, and great thirst, headache, yellow countenance and loss of appetite are present. The two varieties of Carbo ought to be tried when the blood is entirely decomposed, when stupor and râling are present, with cold sweat of the face and limbs, hippocratic countenance, small, scarcely perceptible pulse, great distention of the veins, and especially, if such a fever occur after the excessive use of China. Kreosot may be of service when the patient complains of an excessive debility in the limbs, and when a racking, painful cough from the inmost parts of the chest is present, accompanied with a sensation of warmth which rises into the throat; and lastly, when the patient complains of a painful pressure on the top of the head which is aggravated by contact. The two acids correspond particularly to the colliquative stage. China is indicated at the commencement of the disease by hemorrhages, yellow skin and countenance, excessive,

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debility and pain in the limbs. Ipec. and Hyosc., may likewise be indicated at the commencement of the disease when the symptoms which have been described last, are accompanied by spasms. Rhus and Belladonna are preferable to all other remedies when the nervous system is principally involved in typhus putridus. Opium should be employed when the irritability of the organs is entirely gone, provided the other symptoms correspond. Nux is the remedy when the disease sets in with excessive debility and the gastric and bilious symptoms such as: livid complexion, bitter and putrid eructations and taste, yellow coating of the tongue, constipation, are predominant. Nux moschata is more particularly indicated when putrid debilitating diarrhœa and bloody expectoration are present. Mercurius is to be administered when the nervous system is very much excited, when there is a tendency to profuse sweats and putrid decomposition, accompanied with great painfulness of the region of the liver, the epigastrium, and pit of the stomach. Mercurius dulcis is indicated by similar symptoms, when the process of decomposition has reached its acme. We have no other reason for recommending Camphor and Cuprum except that these two remedies have been employed with success in Cholera, from which we have, perhaps wrongly, inferred that they might likewise prove useful in typhus putridus.

§ 81. *Typhus contagiosus, bellicus. Hospital or jail fever.*

This typhus is characterized by the symptoms of the ordinary typhus or the typhus putridus, and is propagated by a contagium. At first it is of an inflammatory character, the typhoid symptoms only setting in afterwards with tendency to exanthema, whence the fever is also termed *petechial fever.*

The treatment is pretty much the same as that of typhus and typhus putridus. The principal remedies in typhus petechialis are probably Bryonia, Rhus, Arsenicum.

Dietetic rules.—Every contagium being increased by

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excessive warmth and becoming so much more poisonous as the temperature of the sick room is kept above the proper standard—the thermometer in a sick room should never be above 67° Fahrenheit. To have this temperature in the summer season, vessels with cold water should be constantly kept in the room and the room should be frequently sprinkled. The patient should rest upon a mattress, and should be but lightly covered.

The patient must be kept clean; the room is to be frequently aired and only one patient should be in a room at a time. The contagium is increased by several patients being confined in the same room. Among the means which have been recommended for the destruction of the contagium, the best is undoubtedly a frequent renewal of air by means of a current passing through it; the patient has to be guarded against that current, of course.

§ 82. *Typhus pestilentialis.*

We know nothing of the treatment of this disease, and shall, therefore, content ourselves with stating the characteristic symptoms.

The pest is propagated by contact, never by the air. Its principal phenomena are: buboes and anthrax, that is, inflammatory swellings of glands, with tendency to gangrene which sets in with great rapidity, especially in the axilla and the inguinal region; petechiæ, ecchymosis, violent fever, anguish, excessive vomiting, the brain is greatly involved; all the secretions have a putrid smell and the prostration of the patient is excessive.

The following remedies might perhaps be proposed as corresponding more or less to the symptoms: Veratrum, Arsenic, Acidum hydrocyan., Lauroc., Kreosot, Quinine, Lachesis, etc.

§ 83. *Typhus icterodes. Yellow fever.*

This disease arises from some endemic miasm. Its symptoms are: yellow colour of the skin, violent vomiting of black substances, black stools, great anguish,

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debility, violent fever. The course of this fever is very rapid.

The following remedies may perhaps be of use; Arsenic, Digitalis, China, Nux, Crotalus, Bryonia, Sulphur, etc.

§ 84. *Typhus lentus. Lentescent typhus.*

This kind of typhus is a primary, idiopathic disease, which does not depend upon any local affection, and may be occasioned by various causes.

The essential character of the disease is great nervous debility and prostration of all the functions. It developes itself slowly, sometimes for months, without any inflammatory symptoms. Sometimes it sets in as a sequel of an acute fever, inflammatory typhus; or it may arise from excessive physical and mental exertions, venereal excesses, onanism, great loss of blood, chronic hemorrhages, and blenorrhœa. The symptoms of such a fever are: small, quick, variable pulse; changeable urine; chilliness and coldness more frequent than heat; no sweat, or only evanescent sweat; cerebral symptoms; spasms; hypochondriac mood, which is greatest in the morning and before breakfast, when the patient feels worst; the fever is less after dinner, and then the patient feels better; these last symptoms distinguish the lentescent typhus from a hectic fever which depends on local causes.

§ 85. The treatment of slow typhus does not essentially differ from that of ordinary typhus. The following medicines will be found the most efficient: Cocc., Camph., Acid. phosp., Phosphorus, Lycop., Ignat., China, Ipec., Arsenic., Verat. alb., Plumb., Mercur., Helleb. niger, Digitalis, Conium, Cuprum, Stannum.

If the disease arise from care and chagrin, a small dose of Acidum phosph. is the most certain remedy (according to Rummel it may, in that case, be given alternately with Arsenic); if it arise from grief, one or two doses of Ignat. 18 will cure it.

Cocculus is an excellent remedy, if the disease be occasioned by frequent vexation and irritation of temper; the symptoms being as follows: frequent evan-

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escent attacks of a disagreeable, burning heat, and redness of the cheeks; evening exacerbations characterized by hot hands, sensation of dry heat all over the body, sleeplessness at nights; or frequent shiverings in the day-time accompanied with great debility, so that the patient is obliged to lie down; the patient is very sensitive and irritable.

Repeated doses of Camphor may be administered when the temperature of the skin is very low, and the patient is very weak and not very sensible.

Ipecacuanha is undoubtedly one of the most distinguished remedies in this disease; it ought to be repeated frequently.

Veratrum, not too high, is an excellent remedy when the febrile paroxysm sets in at times in the evening, at times in the morning, with redness and heat of the face, heat of the hands, intermingled with febrile shiverings and accompanied with great despondency; between the paroxysms the body feels cold, and a cold sweat makes its appearance, at least upon the forehead, the patient being, moreover, very weak and listless.

Helleborus niger is indicated by the following symptoms: constant chilliness of the whole body with cold hands, burning heat internally, the head feels dull and stupid; the patient complains of drowsiness, heavinesss and debility of the feet, stiffness of the knee-joints. These symptoms occur when out of bed; as soon as the patient lies down he feels hot and sweats, without thirst.

China, Arsenic, and Digitalis, have been mentioned in detail in the chapters on typhus.

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SIXTH CLASS.

INTERMITTENT OR CHRONIC FEVERS.

§ 86. *Intermittent fever. Fever and ague.**

It is very difficult to establish general rules for the treatment of intermittent fever. The type of the fever, the peculiarities of the chilly and hot stages, of the sweat and thirst, are not the only indications for the selection of a remedy; the character of the apyrexia has likewise to be considered and will differ in different patients. This is one reason why we should only be able at the bed-side of the patient to determine what remedy we shall use in the case. A second reason why the indication of specific remedies for intermittent fevers is difficult, is that they rouse, more readily than any other affection can do, the dyscrasia which may be latent in the system; this then combines with the fever and impresses upon it a peculiar character. There are other diseases which either set in with or acquire an intermittent type (diseases where no vascular erethism is present, but the intermittent character of the disease is evident); in these diseases the remedy has likewise to be chosen at the bed-side of the patient. These and similar difficulties shall not deter us from communicating the following remarks relative to the treatment of intermittent fever; they will perhaps aid the beginner in homœopathy in selecting proper remedies for the cases which he may be called upon to treat.

§ 87. Intermittent fevers might be considered synochal fevers, inasmuch as great vascular irritation is present in every case of fever and ague. The difference between those two classes of fevers is simply this, that a synochal fever has only one paroxysm, whereas an intermittent fever consists of a succession of synochal paroxysms with intermitting type. This state-

* See the excellent treatise on the treatment of intermittent fever, by Dr. Hartlaub in Hartlaub and Trink's Annals, Vol. III. (This treatise will be published in one of the next numbers of the Examiner.)

See also Bœnninghausen's treatise on the treatment of intermittent fever, translated by Charles J. Hempel, M.D. This is a practical essay and absolutely necessary to a physician who wishes to treat intermittent fever with success.

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ment only refers to pure intermittent fevers; if such a fever should possess some of the characters of synochus or typhus, it belongs to the class of complicated intermittent fevers, for which it is much easier to discover a specific remedy than for simple fevers of that class.

An intermittent fever is recognised and its character determined by the periodicity of the paroxysms and the intermissions, the only two essential and characteristic phenomena in intermittent fever. The paroxysms and the intermissions themselves are so various that it is impossible to give a detailed account of the symptoms. In some fevers the paroxysms consist merely of heat; in others of coldness, with or without subsequent sweat; there are fevers with coldness all over the body, the patient nevertheless feeling hot to himself, or he experiences chilliness although the skin is hot to the touch; there are fevers where one paroxysm consists of a mere chill or coldness followed by a feeling of health, the other of heat followed by sweat or without sweat; in some fevers the heat comes first and the chilliness afterwards; in others the chilliness and heat are followed by a long intermission, after which sweat breaks out, which may be considered in the light of a second paroxysm; there are fevers where no sweat is present, others again where sweat constitutes the paroxysm without heat or chilliness, or where the sweat is only present during the heat. There are many more peculiarities, especially as respects the accompanying symptoms, headache, bad taste, nausea, vomiting, diarrhœa, absence of thirst or else violent thirst, pains in the bowels and limbs, sleep, delirium, temper, spasms, etc., before, during, or after the chilliness, heat, or sweat, not to speak of a number of other characteristic differences. The characteristic appearances of the intermission should not be neglected by the physician, particularly if the paroxysm should not be well marked, in which case the apyrexia will be characterized by symptoms which do not generally exist after a paroxysm.

The general symptoms of fever and ague are: chil-

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liness, heat, and sweat, recurring at regular or irregular periods, followed by the appearance of a red, brick-dust sediment in the urine; during the apyrexia the patient feels more or less comfortable and the pulse is normal. Most frequently the paroxysms recur at regular periods, every twenty-four hours (quotidianæ), forty-eight (tertianæ), seventy-two (quartanæ), etc.

We know very well that modern pathologists do not number intermittent fevers among the febrile diseases. Various affections may be distinguished by a regular intermittent type without having a febrile character. Such intermittent diseases originate in the peripheral nerves, not the vascular system, which is affected secondarily on account of the intimate relation existing between those nerves and the blood-vessels; hence it is that intermittent diseases are now termed ganglionic, cerebral or spinal intermittent. Nevertheless we have preferred treating this class of diseases as usual, pointing out their characteristic peculiarities as much as was necessary and occupying ourselves principally with their homœopathic treatment.

The duration of an intermittent fever is very uncertain, from one week, to several weeks or even months. In no disease there is a greater disposition to relapses than in intermittent fevers; in a quotidian a relapse takes place on the seventh day, in a tertian on the fourteenth, in a quartan on the twenty-eighth after the cessation of the last paroxysm. A relapse may be anticipated if a feverish feeling should remain in the system; if the feverish colour should remain on the cheeks; if the strength of the patient should not increase with his appetite; if the last paroxysm should be like the first; if at the time when the paroxysms used to occur, slight chills, a drawing and stretching of the limbs, continual yawning, irritated pulse, changeable urine, should make their appearance. Relapses are frequently brought on by moral causes, slight errors in diet, by eating milk, eggs, fish, etc.; by changes of temperature, walking along the water, continual use of cold drinks, etc.

An intermittent fever is not of itself a dangerous

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disease, but it may become so by concomitant symptoms; a long duration of the fever may occasion a peculiar cachectic state, dropsy, nervous affections, etc.

Exciting causes are: low marshy regions, stagnant waters; atmospheric miasmata occasioning epidemic intermittent fevers; colds and wet skin, lying upon a cold soil or floor; excessive use of cold water, heavy dishes of flour, acid fruit containing a good deal of water, fish.

§ 88. It is important to give the remedy immediately after the paroxysm. If the apyrexia should be very short or some of the symptoms of the paroxysm should remain during the apyrexia, the medicine should be administered when the sweat commences to abate or the symptoms which usually appear in the wake of a paroxysm begin to disappear. It is likewise expedient to repeat the homœopathic specific a few hours before the next paroxysm.

The treatment of intermittent fevers is not as easy as it would seem at first sight; every case of intermittent fever has to be examined independently of any other case, for this reason, that almost every case differs from the other, even in an epidemic intermittent. In every case of intermittent fever the character of the chills, heat and thirst (not so much the sweat) has to be minutely inquired into; next to that the concomitant symptoms and the symptoms of the apyrexia, especially those which remain from the paroxysm. The type scarcely ever determines the selection of the homœopathic agent, since any type can be controlled by it, provided it is otherwise homœopathic to the symptoms. Puls., Ipec., Nux, etc. are most suitable to quotidian, and Arsenic to quartan intermittent fevers; still they will remove fevers with any other type, provided the symptoms correspond.

A writer in the Archiv advises in some fevers to give four doses of Ipec. at equal intervals, and a dose of Nux in the next apyrexia.

The endemic intermittent fevers of marshy regions are most speedily removed by a few doses of China,

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higher potencies. If this kind of fever should not yield to China in persons who have sufficient exercise and otherwise live carefully, the cause is to be found in the psora having become roused from its latent state; all such cases require an antipsoric treatment.

Some very experienced homœopathic physicians administer a few doses of Aconite, higher potencies, a few hours previous to the paroxysm if it be violent. This proceeding is not irrational, as every paroxysm partakes more or less of the character of a synochal or erethic fever and is most readily controlled by Aconite.

The principal remedies against intermittent fever are: China, Quinine, Ars., Verat., Arnica, Ant. cr., Nux, Bell., Cocc., Caps., Carbo veg. and anim., Canthar., Ignat., Lach., Puls., Sabad., Sepia, Dig., Bryo., Dros., Dulc., Natr. mur., Lyc., Staphys., Sulph., etc.

China corresponds more or less to the following symptoms; no thirst during the chilly stage, thirst between the chilly and hot stage; China is not suitable when thirst is present in the hot stage; if thirst be present during the hot stage of a China-intermittent, the heat ought simply to be a burning or dryness of the lips which require moistening, but no real thirst is experienced by the patient. If the thirst set in after the heat, or during the sweaty stage, China is the remedy. China corresponds, if the fever should commence with a secondary symptom, such as: palpitation of the heart, anxiety, frequent sneezing, nausea, great thirst, canine hunger, oppressive pain in the abdomen or head; or if the veins should become distended when the head feels hot, or when the temperature of the body is slightly raised, or when the patient merely feels hot to himself and not to others, or when the skin feels hot to others. China is moreover indicated by congestion of blood to the head, redness and heat of the face, generally accompanied with chilliness and coldness to the touch of the extremities, or by heat of the face which is perceptible only to the patient, the face feeling cold to the hand, with cold sweat on the forehead.

Nux, together with Verat., Bryo., Bellad., Coc.,

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Puls., deserves consideration when the bowels are confined, or when gastric or bilious symptoms make their appearance in consequence of gross errors in diet; or when nervous symptoms set in in consequence of the spinal marrow being more or less irritated. Nux has so far proved most useful in quotidian and tertian fevers, which make their appearance in the afternoon, evening or night, consisting of alternate chilliness and heat, with great desire for beer; aching pain in the forehead, vertigo, nausea, bitter taste and eructations, spasms of the stomach, great weakness, all these symptoms setting in even at the commencement of the paroxysm. In intermittent fevers, accompanied with bilious and gastric symptoms, Cham., Ant. cr., and Puls. are on a par with Nux, (see the chapter on bilious and gastric fevers). Nux is highly important in some kinds of the so-called apoplectic intermittent fevers, with vertigo, anguish, feverish shiverings, a peculiar kind of delirium, consisting of vivid and sometimes frightful visions, and occasioning a tightness in the region of the stomach, typhoid and febrile symptoms being intermingled. Nux will prove serviceable in fevers where the following symptoms set in in the very commencement of the attack: paralytic weakness of the limbs, debility in the knees and feet, excessive weariness, tremor, sudden failing of strength, swoons, vertigo, with vanishing of the senses, giddiness and weight of the head as in a state of intoxication, desire to lie down; troublesome, anxious breathing, palpitation of the heart, fear of death, qualmishness, shiverings, followed by anxiety and warmth; warm cheeks, with internal shiverings; the face feels hot, with shiverings over the rest of the body; heat in the head, with coldness of the body; burning in the eyes, without any inflammation being present; tearing, beating, stinging headache, increased by walking, and by the open air; loss of appetite, aversion to bread; bitter and sour eructations; fancies in the night in a state of half sleeping or waking; furious delirium; burning, itching rash, and a burning itching of the whole body.

The exhibition of Belladonna depends, like that of

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Nux, more upon the concomitant symptoms than upon the character of the paroxysm itself. Belladonna being a great remedy for diseases which return periodically, it must be of great use in curing the regularly recurring painful paroxysms of fever and ague, where the chilliness is but slight, the heat is sometimes accompanied with chills, sweat and thirst are moderate, and the patient drinks merely for the purpose of relieving the dryness of his mouth and fauces. Belladonna is sometimes suitable in a quotidian intermittent, when the paroxysms are accompanied with the following symptoms: violent headache, with vertigo; hallucinations, redness of the eyes, nausea, vomiting, constipation, chills, or simple chilly creeping over the skin, with thirst without any considerable heat afterwards, moderate increase of the temperature of the skin, sweat. Bellad. deserves consideration in fevers of long standing, or in those which had been suppressed by Quinine and have returned afterwards, with swelling of the liver and spleen, incipient dropsy, derangement of the digestive powers, and violent headache during the paroxysm.

Veratrum is useful in fevers consisting simply of external coldness, or mere internal heat, with dark urine; or when a warm sweat is present all over the body, or only on the forehead, which soon becomes cold, and is accompanied with vertigo, nausea, excessive pain in the small of the back and back.

Cina, tincture, is the best remedy for fevers, commencing with vomiting of food, and subsequent canine hunger; or where the chilliness is accompanied with thirst.

Fevers, where vomiting of mucus is present during the cold stage, with moderate thirst both in the hot and sweaty stage, mucous stools in the apyrexia, with constant nausea and loss of appetite, are cured by Pulsatilla. Antimonium cr. is closely related to Puls.; it is particularly distinguished when the sweat sets in with the heat and disappears speedily, dry heat remaining, with constant thirst and various gastric symptoms, such as: want of appetite, eructations, nausea, aver-

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sion to food, vomiting, coated tongue, bitter taste, tightness and pressure in the stomach, pain in the chest.

Cocculus removes fevers with the following symptoms in the apyrexia: obstinate constipation, spasms of various kinds, especially of the stomach, paralytic weakness of the small of the back.

Arsenic is a great remedy in intermittent fevers, when neither the chilliness nor the heat are well marked, or they appear alternately or simultaneously; or when the heat is burning and unpleasant even to the hand, accompanied with anguish, great restlessness, and an unquenchable thirst; or when the chilliness sets in principally in the afternoon or evening, followed by dry heat at night or towards morning, then sweat. Arsenic is the best remedy when at the time of the paroxysms unimportant existing symptoms become much more violent, or when those symptoms set in previous to the paroxysm, or when symptoms appear during the paroxysm which do not seem to belong to it, such as: violent anguish, buzzing in the ears, tearing in the bones and limbs, tremor in the limbs, paralysis, syncope, etc. The chilly stage is preceded by ill feeling through the whole body, with stretching of the limbs and drawing in the same; yawning, debility, inclination to lie down, headache, vertigo with stupefaction, confused feelings in the head, with inability to collect one's senses. Between the chilly and the hot stage, the following symptoms make their appearance: debility and sleep; vertigo, thirst, hickup, anxiety, nausea, vomiting of bile, diminution of the pains. During the apyrexia: hickup, pressure in the forehead and temples, with frightful dreams; bruised feeling in the limbs.

Arsenic is moreover suitable in fevers with the following symptoms: inclination to vomit, or bitter taste during the chills; no taste, or the taste is not constantly bitter and spurious, the bitterness existing only for a short while during or immediately after a meal; excessive vertigo, nausea, tremor, sudden prostration of strength; frequent drinking, but little at a time; the sweat sets in a little while after the heat, or not at all; intolerable pains and anguish about the heart.

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Bryonia corresponds to quotidian and tertian fevers, whose paroxysms set in early in the morning, preceded by vertigo, oppression and pressing pain in the forehead, coldness and chilliness being more prominent than heat; thirst during the chilly and hot stage, dry cough, with stinging in the chest, asthma, nausea, and gagging, pale countenance.

Ipecacuanha will be found useful when the chilly stage is moderate and short, the heat is very great, and thirst is present only during the cold stage; the heat is frequently perceived only about the head, in which case the cheeks are red, accompanied with dilatation of the pupils, feeling of mental and bodily prostration, and constrictive tightness of the chest.

Opium is useful in soporous intermittent fevers, characterized by snoring, convulsive movements of the limbs, constipation, warm sweat.

Sabadilla corresponds to fevers of any type which set in at the same hour, without either anticipating or postponing; the chilly stage is short, followed by thirst, then heat, or the fever consists of mere coldness; during the apyrexia a slight chilliness is constantly present, a troublesome, oppressive distention of the stomach, with want of appetite; nightly, dry cough, pains in the chest, violent oppression of breathing.

Ignatia is suitable to any type, and corresponds to the following symptoms: the coldness yields to external warmth, or some parts are hot, others cold, chilly and shivering, or the heat is merely on the skin, without thirst; thirst during the chilly, but not the hot stage; or the paroxysm is accompanied by dulness and confusion of the head; pains as if bruised in the right side of the occiput, pressure in the pit of the stomach, great debility, pale countenance; dry, chapped lips, white tongue, deep sleep, with snoring, nettle-rash, appearance of the thirst after the fever.

If the continuance of the fever depend upon a roused psora, Carbo veg. will prove useful when the following symptoms are present: previous to the paroxysm—throbbing in the temples, tearing in the teeth and bones, stretching of the limbs, cold feet; during the chills—

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thirst, blue nails, great debility; during the heat—sweat, absence of thirst, headache, vertigo, red face, obscuration of sight, nausea, pain in the stomach, abdomen or chest; oppression of the chest, pain in the lower limbs; the headache continues a long while after the fever. Carbo veg. is most suitable to tertian fevers, but it has likewise been employed with advantage in quotidian and quartan fevers, and in fevers which reappear after having been suppressed by large doses of China.

Caps. is related to Carb. v., and may be administered in quotidian and tertian fevers, and in fevers recurring after an abuse of China, the following symptoms being present: prevalence of the chilly stage, during which the patient is tormented by great thirst, there is no thirst, or only very little, during the hot stage, heat and sweat appear together. During the chilliness the patient complains of anxiety, restlessness, inability to collect the senses, intolerance of noise, headache, ptyalism, vomiting of mucus, painful swelling of the spleen, pain in the back, tearing in the limbs, and contraction of the same; stinging in the head during the hot stage, accompanied with bad taste in the mouth, cutting colic, with ineffectual urging, pain in the chest and back, tearing in the limbs.

Natrum mur. is suitable to the same class of fevers as Carbo and Capsicum. They are characterized by pains in the bones, pain in the back, headache, great debility, yellow, livid complexion, bitterness in the mouth, ulceration of the corners of the mouth, loss of appetite, pressure in the pit of the stomach, with painful sensitiveness to contact. The chilly stage is moreover characterized by shortness of breath, yawning, drowsiness, thirst; thirst during the heat, with a good deal of violent headache.

Rhus is a remedy for fevers which arise from the skin having got wet in a shower. The paroxysm itself is not characterized by any remarkable symptoms; the accompanying symptoms, however, are of importance, such as: convulsions, tingling in the ears, hard-

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ness of hearing, dry coryza, sleeplessness with restlessness and tossing about, thirst at night, nettle-rash, gastric symptoms. The chilliness is sometimes characterized by pains in the limbs, headache, vertigo, inclination to vomit.

Chamomilla, Mezereum, Sulphur, Sepia, Tartar emet., etc., are likewise suitable to the cure of intermittent fevers, the latter remedy particularly when sopor is present during the paroxysm.

We will conclude this chapter with the description of a few cerebral symptoms, recurring at regular intervals. There is a peculiar kind of headache which is felt in the morning after waking; upon rising it becomes centred in the right frontal protuberance, increases to a pressing burning, as of an incandescent coal; it extends down to the eye, and about noon it has become so violent that the patient has to lie down. The pain diminishes after 11 o'clock, and the patient feels entirely well again at 1. This headache yields to one or two doses of Carbo veg.

A headache on one side of the head, which recurs every three days, with excessive sensitiveness of the scalp in the morning, commencing with a feeling of coldness in the limbs, and preceded by sleeplessness and general sweat, yields to pretty large doses of Quinine, one every three or four hours.

Repeated doses of Bellad. 2, 3, will remove a headache which seems to be seated in the glabella, and feels like on oppressive weight; it is aggravated by meditating and fixing one's attention, the vessels in that region become distended, the place itself becomes red, an inability to collect one's senses, languor of the mind, and complete aversion to life supervene; these symptoms disappear by keeping perfectly quiet, and in the afternoon the patient feels well, and the mind is easy.*

Tartaricum emet. is a good remedy in intermittent fevers when the paroxysm is accompanied with sopor;

* Spigelia is a specific for an aching over the eye, with soreness of the eyeball. I have cured such headaches, even when of years' standing, with a few doses of the first attenuation.—HEMPEL.

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also Chamomilla, Spongia, and Plumbum. If a psoric miasm should have been roused by the fever, complicating the fever, and rendering it very obstinate, the antipsorics have to be employed against it: Tinct. sulp., Lycop., Amm. mur., Calc. carb., Sepia, Calc. sulph. (Hep. sulph.), and others.

§ 89. *China cachexia.*

A China cachexia is an intermittent fever which has been treated with large doses of Quinine, without getting well, and has become complicated with the symptoms of a China poisoning.

A China cachexia requires the greatest discretion and circumspection on the part of the physician. It is a threefold complication of disease: the original fever which is scarcely yet recognizable, the morbid disposition originally existing in the organism, and having become roused by the fever, and the poisoning by the drug. The first thing to be done is to remove as much as possible the effects of the China, in order to obtain a distinct image of the original disease. Those effects cannot be expected to disappear entirely, because they are too intimately interwoven with the symptoms of the roused psora. Nevertheless, the remedies have to be chosen with a direct view of eradicating the effects of the China from the system. Among those remedies the true antidotes to China are the first to be used.

One of the first remedies against a China cachexia is Belladonna, especially when the following symptoms prevail: extreme sensitiveness and irritability of the nerves, langour of body and soul, excessive sensitiveness to the least noise, and to impressions of any kind received through the senses; tremulous weakness in all the limbs, dilatation of the pupils, dim eyes, which are surrounded with blue margins; bloated, livid countenance, yellow tinge of the whites of the eyes; tearing headache, which returns at regular periods, and affects the nerves very deeply; it is especially felt in the temples, and is reproduced or aggravated by the least noise; great debility and drowsiness, without being able to sleep; or, if sleep should set in,

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it is a restless kind of sleep, disturbed with anxious frightful dreams, or by paroxysms of real anguish, or by sudden flushes of heat. The nervous erethism manifests itself particularly by a moaning, anxious and oppressed breathing. An absence of irritability, especially in the muscular fibres of the intestinal canal, as indicated by constipation, is no counter indication for Belladonna. A characteristic indication for Belladonna is the following symptom, when arising from an abuse of China: distention of the abdomen, especially in the region of the transverse colon, which protrudes like a pad, and is very painful.

A second important antidote to China is Ferrum. It is indicated by congestion of the head, distention of the veins, heaviness of the head, and a beating, hammering headache; livid, jaundiced complexion; bloatedness of the face, especially the eyes; pressure in the abdomen and stomach from the least nourishment; tension of the abdomen under the ribs, and especially in the right hypochondrium, causing asthmatic sufferings and anxiety; vomiting of food, want of animal heat, paralytic weakness of the whole body, or of parts of the body.

All these, and the following remedies, may in almost all cases be preceded by a few doses of Ipec. at intervals of two or four hours, or by Arnica, except when well marked and characteristic symptoms should require the immediate exhibition of some other antidote.

Veratrum album antidotes the coldness of body and the cold sweats produced by China, provided all the other symptoms correspond.

Pulsatilla may be given under the following circumstances: the food tastes bitter, the taste is otherwise natural and correct; the fever generally comes on in the evening, and is accompanied with the following symptoms: pale countenance, vertigo, with stupefaction, painfulness and heaviness of the head; painful oppression of the chest, moist cough, vomiting of mucus, diarrhœa, sopor. Arsenic is to be resorted to when the febrile paroxysms are not very violent, when the coldness is less marked than the heat, which is

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burning and of long duration, without much sweat, and when other painful symptoms were either present before the paroxysm and are aggravated by it, or supervene during the paroxysm. Scarcely any remedy is more efficient in removing secondary paroxysms of fever than Arsenic, although other medicines may seem to be indicated by the symptoms. The higher potencies of Arsenic are not as efficient as the lower for such purposes; we have found the tincture of Arsenic the most adapted to our use.*

Staphysagria cures fevers which reappear after having been suppressed by Quinine, when the following symptoms occur: the cold stage comes on in the evening, without any subsequent heat, and accompanied with scorbutic symptoms.

Sulphur is indicated when the well-selected remedies do not act, and this want of action manifestly depends upon an excited psora. These fevers generally have an irregular type, are accompanied with great erethism of the circulation, distention of the veins of the hand, slight convulsive jerks in the limbs, all these symptoms appearing mostly at night.

Lachesis has been recommended in China fevers with any type, especially, however, quartan, setting in with twitchings during the chilly stage, and thirst during the heat. Secondary symptoms are: drawing in the back and extremities, loss of appetite, vomiting, hickup, anxiety and uneasiness, as from apprehension of some accident, violent headache, deep breathing, moaning, etc.

Calcarea may be given for the same symptoms as Sulphur, especially when occurring in young, plethoric subjects, children and delicate women.

§ 90. There are other drug-diseases besides those of

* This may be true, and yet I recollect a case of fever which had been treated for four months in succession, in the New-York Hospital, with large doses of Calomel, Quinine, blisters, emetics, and the whole host of allopathic deviltry, without the least benefit to the patient, and which I cured with two doses of Arsenic, 18. The symptoms were: violent chills, with bilious vomiting and tearing in the limbs; burning heat of the skin, burning tongue and mouth, unquenchable thirst, sensation as if fire were coursing through the veins and epigastrium, anguish, horrid hammering in the temples, profuse sweats, debility, etc.—HEMPEL.

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China. Such diseases may be caused by the abuse of natural and artificial mineral waters, either when used as baths or drinks; by the external as well as the internal use of the mercurial preparations; Opium, Valerian, Digitalis, and others. These artificial diseases can only be removed by the antipsorics. In treating diseases which are complicated by drug symptoms, the physician ought to commence the treatment by antidoting the most prominent of the latter symptoms; to accomplish this, now one, now the other medicine will have to be used, according as the symptoms which require to be antidoted can be manifestly traced to one or the other drug. We shall afterwards recur to the special cases of drug-diseases, and shall then indicate their treatment more in detail.

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HARTMANN'S

THEORY

OF

ACUTE DISEASES

AND THEIR

HOMŒOPATHIC TREATMENT.

THIRD GERMAN EDITION,

REVISED AND CONSIDERABLY ENLARGED BY THE AUTHOR.

TRANSLATED, WITH ADDITIONS,

AND ADAPTED TO THE USE OF THE AMERICAN PROFESSION,

BY CHARLES J. HEMPEL, M.D.

VOL. II.

NEW-YORK:
WILLIAM RADDE, 322 BROADWAY,
PHILADELPHIA:—C. L. RADEMACHER, 239 ARCH-ST,
BOSTON:—OTIS CLAPP, 12 SCHOOL-ST.
ST. LOUIS:—FRANKSEN & WESSELHOEFT.
1848.

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Entered, according to Act of Congress, in the year 1848, by
WILLIAM RADDE,
In the Clerk's Office of the District Court of the United States for the Southern District of New-York.

H. Ludwig & Co., Printers, 4 Vesey-street, New-York.

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TABLE OF CONTENTS OF THE SECOND VOLUME.

SEVENTH CLASS.

FEVERS CHARACTERIZED BY INFLAMMATORY ERUPTIONS HAVING A DEFINITE SHAPE.

	Page
Exanthematic Fevers,	1
Short Remarks on Cutaneous Eruptions Generally,	1
Classification of Eruptions,	1
Cause of Eruptions,	2
Prognosis in Eruptive Diseases,	2
General Remarks on the Treatment of Acute Eruptions,	3
Special Remarks on the Treatment of Acute Eruptions,	4
Variola,	4
" Stages and Treatment,	5-11
Cow-pox,	11
Remarks on Vaccination,	12
Varicella,	13
Varioloid,	14
Urticaria, or Nettle-rash,	15
Measles,	16
" Stages and Treatment,	16-20
Scarlatina,	20
" Stages and Treatment,	20-23
Complication of Scarlatina with other Diseases,	23
Secondary Diseases succeeding Scarlatina,	24
On the Means of Preventing Scarlet Fever and Scarlatina Complicated with Purple-rash,	26
Purple-rash, Miliaria Purpurea,	27
Rubeolæ,	31
Miliaria,	32
Intertrigo, Soreness of Children,	34

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Page
Petechiæ, ... 35
Aphthæ, Thrush, ... 36
Erysipelas, ... 38
Zona, Zoster, Cingulum, ... 40
Perniones, Chilblains, ... 41

EIGHTH CLASS.

Fevers with Definite Inflammatory Affections; Local Inflammations, 42
Inflammations in General, ... 42
Causes of Inflammation, ... 43
Character of the Fever in Inflammations, ... 44
Terminations of Inflammations, ... 45
Special Treatment of Inflammations, ... 46
Pneumonia, Peripneumonia, Pneumonitis, ... 46
" " " Causes, ... 48
" " " Prognosis, ... 49
" " " Treatment, . . . 49–55
Pneumonia of Children, ... 54
" of Old People, ... 55
Typhoid Pneumonia, ... 56
Asthenic Pneumonia, ... 57
Pneumonia Notha, (Occulta,) 58
Pleurisy, Pleuritis, ... 60
Pericarditis, Carditis, ... 62
" Infantum, ... 63
Diaphragmitis, Paraphrenitis, ... 64
Rheumatic Affections, ... 66
Acute Rheumatism, Rheumatalgia, ... 66
Rheumatism of the Extremities, ... 68
" of the Heart, (Endocarditis,) 70
" " " Treatment, . . . 72-76
" of the Thorax, ... 76
Lumbago Rheumatica, ... 77
Rheumatismus Cephalicus, ... 79
Rheumatic Odontalgia, ... 79
" " Treatment, ... 80-84
Rheumatismus Paralyticus, ... 84
Psoitis, ... 86
Arthritis, Gout, ... 87
Complication of Gout with other Diseases, ... 91
Gout causing Ophthalmitis Arthritica, ... 91
" " Gastritis, and other Inflammatory Affections, . . 92

Hosted by Google

Page
Gout causing Metastatic Diseases, such as Constipation, Cardialgia, etc., ... 93
Ischias, Coxalgia, Coxagra, ... 92
Nervous Ischias, Ischias Nervosa Cotunni, Neuralgia Ischiadica, 93
(*a*) Ischias Nervosa Postica, ... 93
(*b*) " " Antica, ... 93
Glossitis, ... 94
Pharyngitis, ... 95
Stomacace, ... 99
Angina Maligna, Gangrænosa, Putrida, Diphtherica, ... 100
" Mercurialis, Stomatitis Mercurialis, ... 101
" Pharyngea, Pharyngitis, ... 102
Œsophagitis, Angina Œsophagea, Dysphagia Inflammatoria, . . 103
Laryngitis, Tracheitis, Bronchitis Acuta, (Angina Pectoris,) . 104
" " " " Causes, ... 105
" " " " Duration, ... 105
" " " " Treatment, . . 106-108
Croup, Angina Membranacea, Polyposa, Cynanche strenua, Stridula, Exsudatoria, Laryngitis Exsudatoria, ... 109
" Etiology, ... 110
" Treatment, ... 111-112
Parotitis, Angina Parotidea, ... 112
Inflammation of the Nose, ... 114
Ozæna Narium, ... 114
Ostitis, Inflammation of Bones, ... 115
" " " Terminations, ... 115
" " " Treatment, ... 116
Inflammation of the Lymphatic Glands and Vessels, ... 117
Hepatitis, ... 119
" Treatment, ... 122-125
Icterus, Jaundice, ... 125
" " Varieties, ... 125-126
" " Treatment, ... 127-130
Splenitis, Lienitis, ... 130
" " Duration and Treatment, ... 130-134
Gastritis, ... 134
Enteritis, ... 137
" Mucoso Infantum, ... 140
Incarcerated Hernia, ... 142
Nephritis, ... 142
Cystitis, ... 145
Metritis, Hysteritis, ... 147
Oophoritis, Inflammation of the Ovary, ... 150
" " " Terminations, . . . 151

Hosted by Google

Page
Inflammation of the Labia and Vulva, ... 153
Puerperal Fever, ... 153
" " Treatment, ... 159-163
Endometritis Septica, or Putrefaction of the Uterus, ... 156
Phlegmasia Alba Dolens, ... 157
Milk-Fever of Lying-in Females, ... 163
" " " Treatment, ... 163-166
Mastitis, Inflammation of the Mammæ, ... 166
Orchitis, Inflammation of the Testicles, ... 168
" Rheumatic, ... 165
" Erysipelatous, ... 169
" Gonnorrhœal, ... 169
" Treatment, ... 169-170
Encephalitis, Cephalitis, Meningitis, Phrenitis, Inflammation of the Meningeal Membranes, ... 170
" Causes, ... 171
" Course and Terminations, ... 171
" Treatment, ... 172-174
Delirium Tremens, Phrenesia, Encephalitis Potatorum, . . 174
" Terminations, ... 176
" Treatment, ... 176-178
Acute Hydrocephalus, ... 178
" " Stages and Treatment, . . . 178-185
Spinitis, Meningitis Spinosa, Myelitis, Inflammation of the Spinal Marrow, ... 185
" Course and Terminations, ... 186
" Treatment, ... 186-187
Otitis, ... 187
Ophthalmitis, ... 189
Erysipelatous Ophthalmia, ... 190
Catarrhal " 191
Rheumatic " 193
Arthritic " 194
Scrofulous " 197
Blepharophthalmitis Glandulosa, Blepharoblennorrhœa, Inflammation of the Meibomian Glands, ... 199
Ophthalmia Neonatorum, ... 201
Ceratitis, Inflammation of the Cornea, ... 202
Iritis, Inflammation of the Iris, ... 203

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SEVENTH CLASS.

FEVERS CHARACTERIZED BY INFLAMMATORY ERUPTIONS HAVING A DEFINITE SHAPE.

§ 91. *Exanthematic Fevers.*

A few short remarks on cutaneous eruptions generally:

An exanthem is an inflammatory process of the various layers of the skin, in consequence of which the colour and form of the skin change. These alterations of the skin are quite different from those occasioned by mechanical causes, injuries, burns, vesicatories, sinapisms, etc. An eruption has to be treated differently, according as it is seated in one or the other layer of the skin. This observation applies particularly to old eruptions, the successful treatment of which requires that their primitive form should be correctly ascertained.

Eruptions may be classed under the following heads:

(a.) *Maculosa*, spots without elevation of the epidermis, smooth, and only distinguished here and there from the remainder of the skin by an increased redness, as in scarlatina, petechiæ, lentigines.

(b.) *Papulosa*, pimples, slight elevations on the epidermis, without pustule, as in purpura miliaris, morbili, rubeola, miliaria, essera, verruca.

(c.) *Pustulosa*, elevations of the epidermis which are either empty or filled with a fluid, lymph or pus, as in variola, varicella, pemphigus, scabies.

(d.) *Crustacea*, with dry crusts, as in dry herpes, tinea, serpigo.

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(e.) *Ulcerosa*, with purulent destruction of the skin as in herpes exedens or ulcerosus, lepra, etc.

These different exanthemata may be either acute or chronic. The acute form is distinguished from the chronic by its greater regularity, and by the fever which always accompanies the former, and is scarcely ever, and then only slightly, present in the latter.

§ 92. We are not acquainted with any particular predisposition for acute cutaneous eruptions, unless it be a scrofulous or pituitous disposition, young age, an excessive sensitiveness of the skin from keeping it too warm.

Nor are we acquainted with any particular exciting causes, *causæ occasionales*, except miasmatic and contagious causes, or contagious miasms.

Cutaneous eruptions generally are secondary affections, which always disappear together with the primary disease. In fevers, eruptions may be occasioned by the intensity of the fever, exposure to excessive heat, diaphoretics, dyscrasia.

Acute eruptions differ from each other in form, power of contagion, and the manner in which they originate; they are likewise distinguished into simple, and compound.

Acute eruptions, if not cured, may result in the following secondary affections:—Indurations of the lymphatic glands, leading to atrophy and scrofulosis, suppuration, ulceration, dropsy, etc. Such secondary affections generally take place in individuals of a sickly constitution, or who are affected by the least change of weather, and are liable to catarrhal fevers, diarrhœa, rheumatic pains. Other symptoms of a sickly constitution are: sudden alternation of spirits, from elated to low, flaccid state of the muscles, prostration of strength from the least exertion.

§ 93. In acute eruptions, the prognosis depends,

(1.) *Upon the age of the patient.* The younger the children, the greater the danger. The prognosis is more favourable from the fourth to the twelfth year; and less favourable again in the age of pubescence, when the disease is disposed to assume a typhoid

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character. At the period of manhood, the eruption may become dangerous, in consequence of the accompanying fever, which frequently increases to a true synocha, and exposes the patient to the danger of an apoplectic paroxysm.

(2.) *Upon the constitution of the patient.* The exanthem is more dangerous in proportion as the nervous system of the patient is more sensitive and more easily affected.

(3.) *Upon the accompanying fever.* In most cases, the fever is remittent; however, it may assume the character and type which happens to prevail at the time. In the case of robust individuals, the prognosis is favourable if the fever be a synocha of moderate degree. If the fever should become typhoid, the prognosis is not always favourable, owing to the putrid symptoms which are apt to supervene.

(4.) *Upon the diseases with which the eruption happens to be complicated.* A simple eruption is more easily cured than one which is complicated with other diseases.

§ 94. Acute exanthemata are sometimes so slight, that they disappear again without any treatment. If the exanthem originate in uncleanliness of the skin, the first step towards a cure, is to wash the skin thoroughly; at the same time, injurious nourishment and excessive heat, either from too much covering or from a stove, ought to be avoided. The temperature of the room and the quantity of covering are to be regulated agreeably to the desire of the patient, who is the best judge of what is pleasant to him. The notion that the skin, in cases of acute eruption, should be kept very warm, has been abandoned long ago. By keeping the skin too warm, its sensitiveness and consequent liability to cold, and the danger of a sudden disappearance of the eruption, are unnecessarily increased.

If the fever which accompanies the exanthem be very moderate; if it be a simple and unimportant excitement of the circulation, the patient may do without any medicine; and all that is required in the way of treatment, is to regulate the diet of the patient, the temperature of the sick-room, and to attend to the ne-

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cessary ventilation, light, quiet, etc. But if there should be much fever, or if it should threaten to become typhoid; if gastric symptoms should be present, the treatment should be more positive.

For the synochal fever and the complete cure of various acute eruptions, *Aconite* is the well-known remedy.

Belladonna is another specific and prophylactic for certain acute eruptions; it shortens their course, diminishes their intensity, and prevents secondary diseases.

Mercurius renders essential service in suppurative eruptions, and removes dangerous secondary symptoms.

Ipecacuanha and *Bryonia* arrest the course of many kinds of eruptions in their commencement, and restore them even upon the skin after they have been suppressed by some accidental cause.

Pulsatilla promotes suppuration in many kinds of eruption; this may likewise be said of *Hepar sulphuris.*

Arsenic is an excellent remedy for many kinds of malignant eruptions.

Dulcamara is useful in many eruptions consequent upon a cold.

Rhus t. cures similar eruptions.

If, during the course of an acute exanthem, sweat should be suddenly suppressed, it can be restored by a dose of *Cocculus* or *Nux vomica*, according as one or the other remedy is indicated by the symptoms.

Sulphur and *Graphites* are indispensable in many cases of chronic eruption.

External applications are seldom, if ever, used by homœopathic physicians for the cure of cutaneous diseases.

SPECIAL REMARKS ON THE TREATMENT OF ACUTE ERUPTIONS.

§ 95. *Variola.*

An eruption consisting of acuminated pustules, which first appear on the third, fourth or fifth day of a contagious fever, in the shape of red spots; these

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spots gradually elevate themselves into pustules during three days, suppurate for three other days, after which they dry up and form scabs, which, on falling off, leave small, irregular cicatrices. This is the course of a single pock. As the breaking out of fresh pocks continues for three days, the period of desiccation terminates about a fortnight after the appearance of the first pock.

The first description of small-pox is found in the works of two Arabian physicians. At the end of the ninth century, it was described by Rhazes, another Arabian physician, in his book on the plague. Small-pox seems to have first existed in Africa. In Europe, the disease first invaded Spain, and thence spread through the southern countries.

The essential features of the disease have remained the same. It runs a regular course, marked by distinct periods, which are liable to greater or lesser irregularities, in consequence of the disease being complicated with inflammatory, typhoid, gastric and other symptoms.

Such irregularities are, for instance, unusually rapid, or else irregular, delaying, interrupted breaking out of the pocks; imperfect or arrested formation of the pustules; depressed pustules without areolæ; watery pustules (crystallinæ, lymphaticæ); empty pustules (siliquosæ); discoloured pustules filled with blood (sanguineæ); sudden falling in of the pustules, or sudden disappearance of the swelling of the face; too rapid and too general a desiccation of the pocks.

Small-pox is one of the most dangerous, painful and disgusting diseases. The more numerous the pocks, particularly in the face, the more complicated the disease; the older the patient, and the feebler the constitution, the more dangerous is the disease. Epidemic small-pox is more dangerous than sporadic, and more so about the middle of the epidemic than either at the commencement or end. Convulsive phenomena previous to the eruption are of no importance; but they indicate great danger when occurring during the period of desiccation. There is

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great danger when the eruption appears very suddenly, and in clusters, or when the pocks are depressed, pale, discolored or sanguineous; a discharge of blood by the urine or stool during the period of desiccation is particularly dangerous. The course of small-pox is distinguished into four stages.

(1.) *The febrile stage*, which sets in with a slight vascular excitement, and ceases upon the appearance of the first stigmata. The fever is very slight at first, but increases from day to day, and is a continuous remittent fever. The fever is accompanied with various secondary ailments, such as headache, ill-humour, lowness of spirits, weariness, drowsiness, congestion of the head with bleeding of the nose, delirium, nausea, vomiting, a characteristic putrid smell of the breath and urine, epileptic convulsions when the patients are quite young, colic, drawing in the limbs, stretching, pains in the back, etc.

If the fever be violent and accompanied with pains in the limbs, congestion of the head, bleeding of the nose, headache, *Aconite* is indicated. If there be great sensitiveness to the light, if the headache be aggravated by light, and if the nervous system should be greatly irritated, Aconite may not always prove sufficient, and it may then be necessary to give a dose of *Belladonna*, or, in some cases, a dose of *Rhus t.* *Opium* is useful when there is a good deal of sopor. Some physicians assert that they have found *Arsenic* very useful, particularly after the stigmata had commenced to make their appearance. No particular remedy can be recommended for the first stage, on account of the great variety of the symptoms characterizing that stage. *Pulsatilla*, *Ipecacuanha*, *Antimonium crudum*, *Arnica*, *Bryonia*, *etc.*, should be thought of when gastric symptoms are present; *Rhus t.*, *Bryonia*, *Dulcamara*, when the patient experiences rheumatic, drawing-tearing pains in the limbs. *Sulphur* has been recommended by me and my late colleague, Doctor Franz, as a prophylactic for small-pox; however, I have not yet had an opportunity of ascertaining by experience whether Sulphur does really possess the

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power of arresting the disease at the termination of the first stage, and whether it has any prophylactic virtues whatsoever.

§ 96. The second stage is the eruptive stage, which lasts from three to four days. Towards the termination of the third paroxysm of fever the stigmata make their appearance, at first in the shape of small red points which increase in extent and elevation from hour to hour, and are distinguished from measles, petechiæ and other cutaneous eruptions, by the fact, that upon close examination, a pimple of the size of a millet-seed is discovered in each stigma. The stigmata first appear on the face, next day on the hands, and on the third day the feet and the rest of the body are covered with them. In many cases the pustules form in the face before the stigmata make their appearance on the feet. Thus it is that every patient exhibits pocks in the different stages of development. When the last pocks have broken out, the vascular excitement ceases. Its continuance, under those circumstances, would denote an anomalous condition of the disease. Generally the patients complain of nothing but an itching and burning of the skin, sometimes of pains in the eyes and throat.

In the eruptive stage, *Stramonium* has frequently been useful in accelerating the appearance and shortening the course of the pocks. The remedies mentioned for the first stage, may likewise be employed if indicated. If gastric symptoms be present, *Chamomilla*, *Nux v.*, *Antim. cr.*, *Bryo.*, should be thought of. *Aconite* is to be continued if the fever be high. If the disease should set in during the period of dentition, it is generally accompanied with the fever incidental to that period, and characterized by various symptoms, and particularly by congestion of blood to the head, or, if there should be great vascular excitement, by congestion of blood to the chest. The congestion of the head is frequently accompanied with delirium, which, when continuing during the waking state, indicates an inflammatory condition of the brain, par-

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ticularly when a good deal of thirst, sleeplessness, retention of stool, and a burning heat of the skin, with natural warmth or even coolness of the feet and hands are present. The congestion of the chest frequently assumes the character of angina pectoris or pneumonia, and is characterized by excessive shortness of breathing, constant short and sleep-disturbing cough, burning heat, great thirst, quick and strong beating of the heart, extreme restlessness, etc. Neither of these two kinds of congestion in small-pox is apt to yield to Aconite; *Belladonna* is much more suitable, and, if there should be great orthopnoë, and the thorax should expand like a cuirass during an inspiration, *Phosphorus* is the appropriate remedy. If catarrhal symptoms, an affection of the mucous membrane of the lungs, with cough, coryza, hoarseness, etc., should be present, the remedies indicated for catarrhal fevers are to employed; if the throat should be affected, we have to resort to the remedies indicated for angina.

During the eruptive as well as the febrile stage, children are frequently attacked with convulsions. These can be speedily arrested by exposing the patient to the influence of a cool, fresh air at the open window; injections of tepid water are likewise useful. If these means should not be sufficient, if the child should be pale, with cold extremities, frequently emitting pale urine, if the symptoms should indicate a purely nervous, spasmodic condition: the patient should be put in a lukewarm bath and should be administered *Zincum*, third trituration, one dose every hour. If the convulsions should depend upon gastric irritation, the remedies indicated for gastric affections have to be resorted to; if worms should be the cause, the remedies mentioned for worm fever will be found suitable. If the convulsions should be accompanied with sopor, and the patient's face should be bright-red and the forehead hot, *Opium* is the best remedy.

In the eruptive stage more than in any other, the pocks incline to become malignant by combining with typhoid or putrid symptoms, or to disappear suddenly.

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In either case, *Arsenic* is best calculated to ward off the danger, provided the vital forces be not too much depressed and the organism too much reduced.

After having controlled the eruptive fever, accompanied with violent congestion of the brain, delirium, burning heat of the skin, dryness of the tongue, great thirst, etc., by Belladonna, I have frequently administered, in this stage, the isopathic *variolin*, by means of which I have succeeded in shortening the course of the eruption and preventing the suppurative fever. *Vaccinin* has likewise been found useful n this stage, even more so than variolin.*

§ 97. The suppurative stage commences on the fifth, seventh or ninth day. In this stage the pustule completes its development and is surrounded with an areola. The lymph with which the pustule is filled, first shows itself in the tip of the pustule where a little blackish depression is seen, which is termed the umbilicus of the pock. The lymph goes through a variety of changes in colour and consistence, from water-coloured to white and yellow, and from a fluid to a papescent consistence, until it is gradually transformed into a scurf. Isolated pocks are termed variolæ discretæ. If a number of pocks flow into each other and form one suppurating surface, they are termed confluent small-pox (variolæ confluentes). If the pocks be very numerous, the whole body swells, particularly the head and eyes. The mucous membrane of the nose and fauces is inflamed. In many cases a real ptyalism sets in. The fever in the suppurative stage may be more or less violent, according as the pocks are more or less numerous. The higher the fever, the thicker and more turbid the urine, which sometimes exhibits a purulent sediment. In this stage the characteristic small-pox smell is most offensive, and appears intolerable to those who are not constantly with the patient.

* It may not be deemed superfluous to recommend *Sulphur* as an excellent remedy in this and the next stage; even if it had not the prophylactic virtues which Hartmann supposes it possesses, may it not, in a great measure, be capable of preventing the pitting of the skin?—*Hempel.*

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If the fever be very slight and no other untoward symptoms exist, the patient can do without medicine, and all that is required is to observe the hygienic rules previously indicated. But if the fever be violent, if the nose, throat and eyes be affected and ptyalism have set in, *Mercurius* is to be administered in repeated doses every two or three hours. *Nitric acid*, *Hepar sulphuris c.* and *Tartarus emeticus* are likewise very useful in the suppurative stage.

Whatever complication may have existed in the previous stages, becomes much more marked in the third stage, inducing either an inflammatory, typhoid or putrid fever.

It may be expedient to open the pustules and to prevent the absorption of the pus. It is likewise useful to drink much water in order to act upon the bladder. The swelling of the face and eyes may be relieved by fomentations with tepid milk. The angina faucium is likewise relieved by injections of tepid milk into the throat.

A sudden desiccation of the pustules and disappearance of the swelling of the face are sure indications of approaching death. In such a case it is sometimes possible to rouse the sinking vital force by repeated doses of *Camphor*, by washing the body here and there with the spirits of Camphor, applying warm poultices to the hands and feet, and thus establishing an action towards the surface and preventing a metastasis to important internal organs.

If the pocks should turn black and typhoid symptoms should set in, *Acidum muriaticum* will frequently be found sufficient to restore the chances of recovery. *Rhus tox.* or *Arsenic* should be given if the pocks should suddenly fade, with livid areolæ, blackish color of the inner mouth, dry, shrivelled tongue, burning thirst, meteorism, great exhaustion.

§ 98. The stage of desiccation and desquamation is the last stage of the disease. It commences with the appearance of a brown point in the centre of the pock. This point is first perceived on the pocks that came out first. The pocks remain longest on the

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soles of the feet and the hairy scalp. The suppurative fever, the swelling and smell diminish gradually and finally disappear. The patient now experiences a violent itching of the skin. The lymph gradually dries up, and a brown, hard, dry scurf forms, which, on falling off, leaves a new, sound skin and cicatrices, corresponding in size and depth to the suppuration which had been going on in the skin. After this period the skin remains for a long time sensitive to the atmospheric air. All danger ceases as soon as the process of desquamation has terminated in the face. The commencement of the desiccation of the pustules in the face is the most important period of the disease. At this time the greatest number of deaths occur in consequence of putrid decomposition or mortification of the pocks, hæmorrhage, inflammation of noble organs, such as the lungs, brain, bowels; or else nervous spasms and convulsions set in.

If any of these conditions should set in, the physician has to prescribe the remedies indicated in their respective places. Otherwise no further treatment is required, except frequent washing with tepid and lastly with cold water, in order to diminish the sensitiveness of the skin.

Among the disastrous consequences of small-pox we may notice the following: disfiguration of the face by cicatrices; destruction of the eyes; chronic ophthalmia, which is frequently cured by *Hepar sulph.*, *Digitatis*, *Clematis*, *Baryt. carb.*, *Sulph.*, *Euphrasia*, *Lycopodium*, *Rhus t.*, *Arsenicum*, etc.; frequently recurring boils in various places, which disappear under the use of *Euphrasia*, *Thuja*, *Belladonna* (*Sulphur*, *Nitric acid*, *Phosphorus*, etc., being the best remedies to remove the disposition for their recurrence.) The caries which frequently occurs after small-pox is combatted by *Asa*, *Silicea*, *Mezereum*, *Aurum*, *Nitric ac.*, etc. For the remaining consumptive affections, the reader is referred to the chapter where these diseases are specially treated of.

§ 99. *Cow-pox* (*Variolæ vaccinæ, tutoriæ.*)

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Cow-pox runs a regular course, which is so well known, that it is needless to speak of it more particularly. If a morbid disposition which had been latent in the organism previous to vaccination, should be roused into action in consequence of that process, it will have to be met by the remedies indicated by the symptoms.

Vaccination does not afford any protection to individuals that are actually infected with the small-pox contagion. However, inasmuch as the infection is not indicated by any perceptible symptoms, it is impossible to define the period when vaccination will no longer be able to ward off the disease. If the small-pox should have attacked one member of a family and the other members of that family should never have been vaccinated, vaccination will prove inefficient to protect them from the disease. The remaining inhabitants of the place, however, should be vaccinated as speedily as possible, as they may still have a fair chance to be preserved from the infection. If such vaccinated individuals should nevertheless be attacked, the eruption will be somewhat similar to varioloid, but will, according to my experience, never be true small-pox.

The true, genuine cow-pox pustule, which is a reliable proof of the prophylactic virtue of the vaccine, is flat and depressed in the centre, and, on the eighth or ninth day, is surrounded with an inflammatory redness, which is the chief sign that the organism has been thoroughly infected with the vaccine; if the pustule be full and convex, and if it begin to rise three or four days after the vaccination had taken place, the prophylactic power of the virus cannot be relied upon; the vaccine was perhaps too old, or else, if the matter was good, the patient's receptivity was deficient.

On the seventh day after vaccination I have frequently seen a metastasis to glandular organs taking place. Such a metastasis, even if it should take place to the testicles and parotid glands, is not dangerous, and disappears of itself on the ninth or eleventh day,

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when the nervous and vascular excitement has subsided.

It has frequently happened in my practice, that morbid symptoms which would not yield to any remedy, such as a chronic inflammation of the Meibomian glands, or a discharge of badly-smelling pus from the ears, ceased entirely after vaccination, which, in such a case, ran a regular course, and was accompanied with more fever than usual.

The vaccine which is used in vaccination, should never be taken from children that have been affected with eruptions or glandular diseases, etc. The best kind of vaccine, however, may excite a latent dyscrasia in the patient, which should then be met by appropriate remedies.

§ 100. *Spurious small-pox, Varicella.*

Varicella is very similar to small-pox, from which it is distinguished by its more rapid course, its benign character, and the absence of the characteristic smell. It frequently makes its appearance at a period when small-pox is prevalent. It runs an irregular course, is very mild and without danger, and is never violent except when the patient is very sensitive and the eruption is complicated with other diseases. Varicella generally lasts from three to seven days, is generally first seen on the face, and is accompanied with a moderate remittent fever, or else there is no fever at all. Sometimes the fever is accompanied with catarrhal symptoms. The eruption appears variously modified.

Varicella does not require any medical treatment. If fever be present, give a little *Aconite*. In many cases this disease sets in with symptoms of great nervousness, without thirst or general heat of the body, some parts feeling burning hot, others having the natural temperature, and others again being rather cool; these symptoms are attended with restlessness, anxious sleep disturbed with dreams and starting; small children will cry constantly. This group of symptoms is generally relieved by *Coffea*, or else by *Chamomilla*, *Jalappa*, *Antim. cr.*, etc.

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During the period of dentition the foregoing symptoms, in consequence of the complication with the fever of dentition, frequently increase to spasms. These spasms are sometimes relieved by *Chamomilla*, but more frequently by *Ignatia* and *Belladonna*, by the latter more particularly when the children are unable to keep their heads erect and rest them on something; when the head and hands feel burning hot, the little patients are very restless, cry a good deal, bend double constantly as if tormented by colic, and when the alvine evacuations intermit. If, under these circumstances, Belladonna be not given in season, encephalitis may set in, or else an effusion may take place, which may terminate in serous apoplexy. If the spasmodic symptoms predominate, *Ignatia* deserves a preference over Belladonna.

The course of simple and uncomplicated varicella is very much shortened by *Pulsatilla*, which is likewise an excellent prophylactic against this disease.

The varieties from varicella to small-pox are very numerous, and their boundaries cannot well be defined. Varicella is sometimes found complicated with other eruptions, where the pocks have a livid colour and bear a close resemblance to black small-pox, with violent fever, the intensity of which is by no means proportionate to the number of the pustules. I have seen two cases where varicella was complicated with pocks that assumed a malignant character on the second day of their appearance, had a livid colour, and where the parts round the pock were inflamed and swollen. The fever which accompanied the eruption, requires the administration of *Aconite;* but *Arsenic* is required for the desiccation of the pustule.

§ 101. *Varioloid.*

This is a modification of small-pox. The eruptive fever is milder than in small-pox, and the suppurative fever is generally wanting; the pustules appear in the same order as in small-pox, are frequently very numerous and confluent, sometimes filled only with lymph or quite empty, the scurfs are not as thick and

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hard as those of the real small-pox, and the skin is not disfigured, but exhibits for a time an efflorescent appearance. There are cases, however, where varioloid is as violent and dangerous as small-pox.

The treatment is the same as that of small-pox.

§ 102. *Nettle-rash, Urticaria.*

This disease is sometimes preceded by catarrhal symptoms for two or three days. Spots or blotches form on the skin, of a palish-red or white colour, irregular shape, with bright-red circumference. They itch violently, and excite even a violent burning. Frequently the blotches are elevated, rough to the feel, numb and insensible, and resemble bee-stings. When deep-seated in the skin, they are brought to light by friction and scratching. Sometimes they appear distinctly in a few hours. They are exceedingly evanescent, and frequently appear and disappear on the same day. Both in shape and sensation they resemble the blotches occasioned by nettles, and are distinguished by the peculiarity of disappearing in warm and coming out in cold weather. They are liable to constant changes of locality, to such a degree that a blotch frequently does not remain at one spot for an hour. Their retrocession is seldom accompanied with an alteration of health, but is sometimes accompanied with slight fainting spells, headache and other symptoms, especially when the first appearance of the rash was attended with fever. The disease is apt to be excited by sudden changes of temperature, colds, indigestion, excessive eating and drinking; in some individuals the rash appears after the use of strawberries, crabs and muscles.

If the rash should have been occasioned by a cold, or if it should be itching and if scratching should induce a burning sensation, or if the eruption should be preceded by a stinging sensation all over the body, ***Dulcamara*** is the best remedy. Next to Dulc., ***Rhus t.*** is the most suitable remedy, especially when the rash is accompanied by a little fever. ***Nux*** and ***Pulsatilla,*** and still more frequently ***Antimonium crudum,***

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*Bryonia, Arsenic,** are indicated when the rash originates in indigestion. *Hepar s.*, and *Mercurius*, are likewise useful in some cases. *Copaiva* is an admirable remedy for some kinds of urticaria, particularly chronic, or when arising from a syphilitic or arthritic cause. *Ignatia* should be administered for a fine-stinging, burning itching without rash, which sets in in the evening, and disappears after scratching. *Kali carb.* is one of the best remedies for nettle-rash when occurring in females at the period of menstruation, and exciting a troublesome itching over the whole body. A disposition to a frequent recurrence of nettle-rash is to be met by one of the following remedies: *Carb. veg., Calc. carb., Sulphur, Magnesia sulph., Nitric ac., Causticum, Lycopodium, Conium, Veratrum, Petroleum, Natrum mur., Phosphorus.*

§ 103. *Measles, morbilli.*

The measles are frequently epidemic in spring, and are generally a mild disease, though sometimes fatal. This disease occurs in every climate, attacks principally children, and breaks out ten days or a fortnight after the infection.

Diagnosis: spots which are generally more or less raised, one or two lines in diameter and at first resembling flea-bites; they gradually cluster in groups, having an irregular shape somewhat resembling a half moon. Several days previous to the appearance of the spots the patient is affected with catarrhal symptoms, such as short and dry cough, red eyes with lachrymation, frequent sneezing; the spots remain upon the skin for three or four days, after which they scale off. While the spots are out, the cough and the affection of the eyes continue. The desquamation of the epidermis is sometimes the only sign by which we are able to recognise the existence of the eruption.

We distinguish the following three stages in this disease:

* This kind of rash is apt to appear in persons suffering with nervous irritation. It may be excited by any of the above-mentioned causes, and requires the administration of *Aconite* as its most suitable specific.—*Hempel.*

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1. The febrile stage, which lasts three days, and sometimes a little longer; the fever is remittent, and attended with the following catarrhal symptoms: sensitiveness and slight inflammation of the eyes, attended with puffiness of the eyelids, lachrymation, photophobia; frequent sneezing and discharge of water from the nose; troublesome, short and dry cough, with hoarseness and difficulty of breathing, frequently accompanied with moaning, roughness and slight soreness of the fauces; pain in the back or epigastrium; aching in the forehead, delirium, spasmodic symptoms, diarrhœa; white-coated tongue, with bright-red edges. During the period of dentition, and in children generally, all the symptoms are more violent than in full-grown persons, and the fever increases steadily until the eruption appears upon the skin.

2. Eruptive stage. The eruption appears at the end of the third or fourth day, generally on the face and arms first. The spots continue to appear for three or four days, and, if very numerous, are attended with swelling of the face and hands. The fever and uneasiness increase, the eyes are not very sensitive to the light, the cough frequently increases to bronchitis and pneumonia. The symptoms abate on the fourth day, when the eruption grows paler, and if the fever should still continue, there is either a complication, or else it is owing to a violent irritation of the skin in consequence of the extreme violence of the eruption.

3. The stage of desquamation. The scaling off commences on the sixth or seventh day, and sometimes even later. If the eruption be slight, the scaling is scarcely perceptible; in its stead we perceive a healthy sweat, critical urine and diarrhœa, terminating in the disappearance of all the remaining morbid phenomena.

In this stage the patients are sometimes exposed to real danger. The catarrh increases to pneumonia, which is followed by hectic fever, hydrothorax, hæmoptysis, and, in scrofulous subjects, by real consumption. Measles are likewise followed by other kinds of cachexia, such as otorrhoea with pain and deafness, obsti-

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nate inflammation of the eyes and lids; swelling of lymphatic glands, or diseased condition of the mesenteric glands leading to consumption. Chronic cutaneous eruptions are also consequent on measles, such as ecthyma, rupia, herpes and pustulous porrigo, with swelling of the lips, ulceration behind the ears, and chronic suppuration.

The prognosis is doubtful in little children, or in full-grown persons when the disease is complicated with pneumonia, or meningitis; also in pregnant females; or when the eruption is slow in coming out, or when the breaking out is interrupted, or when the spots look pale, or when the retrocession of the eruption is accompanied with nervous spasms, or, finally, when the spots are complicated with petechiæ, hæmorrhage and colliquative phenomena.

§ 104. In the first stage a very small dose of *Pulsatilla* frequently arrests the course of the disease. Pulsatilla is likewise recommended as a prophylactic, giving a small dose every two or three days. Others consider *Aconite* as the specific for measles.

Aconite should undoubtedly be given if the fever be very violent, with dulness of the head, heat in the head, vertigo, redness of the eyes, photophobia, bloatedness of the face, languor and prostration. Aconite is to be continued as long as the symptoms have an inflammatory appearance. *Aconite* has proved a specific in several epidemics, where the organs of deglutition and bronchi were principally affected, when the stools were diarrhœic, fermented, green, sometimes frothy and clayish, and when the measle spots were mixed with erythema. *Euphrasia* is frequently useful in this stage when the eye-balls are inflamed, with photophobia, profuse secretion of mucus from the eyelids, violent fluent coryza, aching pain in the forehead, violent cough in the day-time. When the patient is disposed to weep, and body and mind are very sensitive; when children are troubled with convulsive symptoms, grating of the teeth; when the patients are very wakeful and constantly tormented with a dry and short cough: *Coffea* is extremely *suit-*

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*able.** After Coffea are sometimes required *Pulsatilla*, *Bryonia*, *Phosphorus*, *Sulphur*.

If, previous to or during the eruptive stage, the patient should be tormented by violent thirst which they are unable to quench, on account of the stinging in the swollen throat during deglutition; if the patient should moreover be tormented with a dry, rather spasmodic cough; if the sclerotica should appear injected with lachrymation and a glassy appearance of the eyes; if the patients should be uneasy and should suffer with anxiety, nervousness and sleeplessness: *Belladonna* corresponds to that state better than Aconite. In very few cases *Mercurius* is indicated by the peculiar angina faucium.

Bryonia is an excellent remedy to counteract the hurtful effects of the retrocession of the eruption, or to bring it out again upon the skin. It is particularly indicated when the eyes are sensitive to the light, and when the patient is constantly tormented by a moist cough, which occasions a raw and sore feeling in the chest. *Arsenic* is excellent under similar circumstances, particularly when Bryonia does not relieve the symptoms in a few hours.

Pulsatilla is preferable to Bryonia, if a violent diarrhœa and mucous vomiting should have set in the place of the eruption. *Ipecacuanha* may be administered if the vomiting should be very violent, in some cases *Cina* may be given. *Dulcamara* will be found more suitable if the diarrhœa should predominate. The bad effects arising from a retrocession of the sweat (in measles as well as in any other acute eruptive disease) are met by *Nux v.* or *Cocculus*. *Chamomilla* is sometimes indicated when the eruption is driven in, in consequence of a cold, when merely bluish spots remain upon the skin, accompanied with nausea, colic, watery stools, and difficulty of breathing.

In epidemic measles, the exanthem is frequently entirely wanting, and there are no other symptoms except a catarrhal inflammation of the eyes, headache, fever and delirium. These symptoms are controlled

* *Aconite* perhaps still more so.—*Hempel.*

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by *Aconite* and *Belladonna;* in some cases *Hepar s.*, *Sulphur* or *Calc. carb.* are required besides.

If the eruption should be complicated with typhoid or putrid symptoms, the remedies indicated in §§ 75, 76, and 80, have to be employed.

Among the morbid conditions remaining after measles, we distinguish mucous diarrhœa, which is removed by *Pulsatilla*, *Dulcamara*, *Mercurius*, *Chamomilla*, *Rheum*, *Sulphur*, *Rhus tox.*, *Acidum phosph.*, *China;* a raw, dry cough, which yields to *Chamomilla*, *Ignatia*, *Nux v.*, *Ipec.*, *Coffea*, *Hyosciamus*, *Drosero*, *Hepar s.*, *Cina*, and in some places *Arnica;** a spasmodic cough, resembling hooping-cough, yields to *Bellad.*, *Cina*, *Hyoscyamus*, *Conium*, *Ipec.*, *Bryon.*, *Cuprum*, and other remedies.

Morbillin is recommended by some physicians as an excellent remedy for measles. I have used it with great benefit in some of the after diseases of measles.

§ 105. *Scarlet-fever, Scarlatina.*

Scarlatina is a contagious epidemic, and in some cases sporadic disease, of changeable character; it generally attacks persons only once, is most common among children, and spreads very slowly. The genuine, uncomplicated scarlatina occurs very rarely now-a-days, and does not attack any one beyond the age of twelve years.

The eruption is of an erysipelatous, fiery, bright scarlet-red, or of the colour of boiled lobster, turning white under the pressure of the finger, but speedily resuming the original colour. The smooth, shining redness gradually loses itself in the surrounding white skin, and is never strictly limited; from time to time the redness either increases or diminishes in intensity, and is constantly seen either spreading or diminishing again in extent. The red skin is perfectly smooth and glossy, by which scarlatina is distinguished from every other kind of rash. The uncovered parts, or those which are but little covered, are generally first attack-

* *Aconite* is frequently more useful than any of the above-named remedies.—*Hempel.*

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ed by the disease, swelling up a little as far as the redness extends. The face, neck, chest, hands and feet are first attacked, whence the redness (in violent cases) spreads over the whole body. In every case of genuine scarlatina, the appearance of the redness is accompanied with fever, and in simple cases continues from three to four, in malignant cases about seven days, at the termination of which the eruption gradually grows paler and paler, until it disappears altogether. The redness never disappears suddenly during the fever. As the eruption disappears, the fever abates, and ceases entirely when the desquamation has commenced. The redness remains even after death ; it then assumes a violet tinge. The more intense and general the redness, the more malignant the fever. In true scarlatina the red spots are perfectly dry; there is no moisture except on the parts which are not red. Sweat breaks out after the termination of the fever and the disappearance of the redness. The sweat is succeeded by the process of desquamation, but the disease may likewise disappear without sweat.

Scarlatina runs the following course, distinguished into three stages.

The first stage is characterized by violent fever, sore throat and very quick pulse, which is peculiar to scarlatina, and is not met in any other eruptive disease. Scarlatina is distinguished from measles by the absence of all catarrhal symptoms. The fever and angina increase as the exanthem approaches the period of breaking out, and are sometimes attended with delirium and spasms.

In the second stage of the eruption, the spots first appear on the forearms and hands, afterwards on the rest of the body, but rarely in the face; they increase in size and redness, and new spots constantly supervene, the angina and fever continuing all the time. In this stage internal organs are liable to become inflamed, which may likewise take place in consequence of the eruption disappearing suddenly. This stage lasts from five to six days.

The stage of desquamation commences on the sixth,

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and frequently on the ninth day, sometimes even later; the epidermis scales off in large patches. This stage lasts several days, and sometimes occurs several times in succession. The fever abates at the commencement of this stage, and terminates with critical phenomena.

Many authors speak of a fourth stage, the secondary or metastatic, or dropsical stage, which, in this disease more easily than in any other, is excited by a cold and terminates in acute dropsy, of which the swelling of the eyelids seems to be a precursor. Other metastatic diseases of scarlatina are: dangerous diseases of the eyes, ears, and nose, ulceration of glands, indurations, abscesses.

No disease is more insidious and deceitful than scarlatina; in some epidemics the disease is quite mild, without being fatal in a single case; whereas in other epidemics the disease, though apparently mild with a finely-formed eruption, frequently destroys life by metastasis to the brain. Scarlatina is met in conjunction with any kind of fever; the prevailing character of disease has generally a great influence on the nature of scarlatina.

§ 106. *Belladonna* is the specific remedy for the true, genuine scarlatina, whether it is just commencing or is already fully developed. Symptoms may however occur which do not correspond to Belladonna, and for which other remedies are required.

Ammonium carb. has been employed with great success by some physicians. It is not so much indicated by the eruption as by the accompanying symptoms, fever, state of the mind and sensorium, symptoms of the head. It does not seem to be suitable when the angina is very considerable.

If burning heat, soporous stupefaction, agonizing tossing about with vomiting, diarrhœa or costiveness, or convulsions, should be present, *Opium* is indicated.

Exacerbation of the fever towards evening, sleeplessness, complete loss of appetite, nausea, whining mood and ill-humour, moaning, indicate *Ipec.*, after which *Puls.* is sometimes suitable.

The cases where the throat is inflamed without the

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skin being affected, are very dangerous. In mild cases the angina is of no great importance, even if it should be somewhat violent. The stinging-burning, the rigidity and dysphagia, the swelling of the tonsils, uvula and fauces, which look red, excoriated and spotted, and are dotted with small, inflamed papillæ and covered with tenacious mucus and aphthæ; all these symptoms generally yield to one dose of *Belladonna*, which, in bad cases, can be followed by a dose of *Mercurius* on the same day.

If such an angina should set in by metastasis, accompanied with typhoid symptoms and with a number of fetid-smelling little ulcers in the mouth and fauces, great prostration, dryness of the mouth and thirst, neither Belladonna nor Arsenic will prove of much avail, but *Nux vomica* will help, if help be possible. (See the chapter on angina faucium.) *Baryta carb.* (sec. or third trit. every three or four hours) is an excellent remedy even in desperate cases, when the parotid glands, tonsils, and submaxillary glands are very much swollen, when the patients are affected with ptyalism, with an aching-stinging pain during deglutition, or when there is a sensation of swelling with dryness. *Sulphur* and *Hepar s.* should likewise be thought of, unless *Acidum nitri* should correspond more exactly to the symptoms.

In some cases of epidemic scarlatina neither eruption nor angina appear, in the place of which the patient is affected with the following symptoms: quiet lowness of spirits and despondency, faint and staring look, with widely-opened eyelids, obscuration of sight, coldness and paleness of the face, absence of thirst, extremely small and quick pulse, lameness and immobility of the extremities, impeded deglutition with stinging pains in the parotid glands, aching pain in the head, constrictive colic, chilliness and heat of single parts. These symptoms constitute a sort of masked scarlatina, and yield to *Belladonna.*

§ 107. *Complications of scarlatina, with other diseases.* Now-a-days the genuine scarlatina generally occurs in combination with purple-rash. The eruption is

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sometimes attended with gastric symptoms, the fever being either erethic or a real synocha accompanied with vomiting. In this case *Aconite* should at once be given, particularly if the heat, restlessness and anxiety increase from hour to hour. Although the fever is moderated by Aconite, yet the inflammatory character of the angina increases with the progressive development of the exanthem, and requires *Belladonna, Mercurius, Dulcamara, Baryta,* as its specific remedies.

If the fever should set in from the commencement as an erethic fever, without any striking morbid symptoms, *Belladonna* is indicated. But if the fever should exacerbate in the evening, with nausea, vomiting, whining mood, moaning, it is proper to give a few doses of *Ipecacuanha* before Belladonna. The excessive pain and the whining mood require sometimes to be controlled by a few doses of *Coffea cr.*, particularly if the patients are very sensitive.

This eruption is more or less dangerous even under homœopathic treatment, inasmuch as it excites many morbid tendencies which had been latent in the organism, and, by so doing, becomes frequently fatal. The symptoms indicate Belladonna, though it is given without effect. The best remedy for that group of symptoms is generally *Sulphur;* in some cases *Ammon. carb., Sepia, Lycop., Canthar., Arsen.*, are more suitable.

The exanthem is sometimes accompanied with encephalitis, which often leads to acute hydrocephalus. In this case *Belladonna* is the appropriate remedy, particularly when the patient is lying in a state of stupid unconsciousness, as if paralyzed, alternating with wild starting and cries which seem to be occasioned by colicky pains in the abdomen; after the spasms have subsided, *Mercurius, Arnica, Digitalis, Arsenic, Hyoscyam., Sulphur, Rhus t.* are frequently useful.

§ 108. *Secondary diseases succeeding scarlatina.*

In many cases *Belladonna* will prove useful, particularly for the following symptoms: bloatedness of the face, swelling of the hands and feet, lentescent even-g-fever with shuddering, stiffness of the extremities,

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sensation as if the abdomen would become constricted on raising the trunk; creeping sensation in the dorsal spine as if gone to sleep, erysipelatous glandular inflammations, discharge of pus from the ears, ulceration of the corners of the mouth, drowsy appearance alternating with great precipitancy in talking or doing anything; tearing and aching pains in the head, sudden starting with cries, etc. For the dropsical swelling of the body, particularly of the extremities, provided no other characteristic symptoms are present, *Rhus t.*, *Hellebor. nig.*, *Digit.*, *Ars.*, or *Dulc.*, all in repeated doses, deserve a preference over *Bell.* (likewise in hydrothorax); *Aurum fol.* or *mur.* is the best remedy for the swelling of the Schneiderian membrane or of the nasal bones, or for the discharge of fetid pus from the nose. *Mercurius* is indicated for ulceration of the face, accompanied with ptyalism and swelling or suppuration of the submaxillary glands.

For the subsequent vascular excitement which is apt to recur at various periods, and is accompanied with a disturbed state of the cutaneous secretions, *Aconite* is the best remedy, which, in some cases, is appropriately followed by *Bell.*, *Dig.*, *Chin.*, *Ars.*, or *Sulphur.*

The subsequent swelling and inflammation of the parotid glands do not always terminate in suppuration, but are sometimes fatal. If attended to in time, this condition can be relieved by *Baryta*, *Hep. s.*, *Calc. carb.*, *Silic.*, *Dulc.*, *Rhus t.*

The angina sometimes extends to the rima glottidis, occasioning a croupy cough. The treatment for this state of things is the same as for membranous croup, except that the *Aconite* can frequently be dispensed with. *Hepar s.* is frequently the most suitable remedy, either alone or in alternation with *Spongia* or *Iodium.*

For the remaining tearing in the limbs, I have found *Dulc.* most suitable; for the asthmatic complaints, *Puls.*, *Nux v.*, or *Arsenic.* The cerebral affections setting in after scarlatina require *Aconite*, *Bellad.*, *Mercur.*, *Digit.*, *Arn.*, *Rhus t.* The affections of the scalp, falling off of the hair, etc., are controlled by *Sulphur*,

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Baryt., *Lyc.*, *Calc. c.*, *Graph.*, etc.; the moist eruption on the scalp by *Rhus t.*, *Graph.*, *Oleander*, etc.; the dry eruption by *Baryt.*, *Merc.*, *Sulph.*, *Calc. carb.*

For a morbid state of the skin, disposition to decomposition of the solids, ulceration, *Cham.*, *Graph.*, *Hep. s.*, *Petrol.*, *Sep.*, will be found suitable. *Chamom.* is likewise useful in the subsequent suffocative cough, with flushes in the face which are sometimes accompanied with cold creepings over the extremities and back. For the latter symptom I have frequently given *Ipec.* and *Hyoscyam.*; but with still greater success *Conium.*

Other means for the cure of scarlatina are: kindly and encouraging persuasion, pleasant little presents, beverages and coverings suitable to the patient's taste; the feeling of the patient is a much safer guide than all dogmatic rules. The patient should, however, be warned against the too early and copious use of substantial nourishment during his recovery.

§ 109. *On the means of preventing Scarlet-fever, and Scarlatina complicated with Purple-rash.*

Belladonna is universally admitted to be a prophylactic against the genuine uncomplicated scarlatina. It is sufficient to give a small portion of a drop of the 30th attenuation every two or four days, or in robust individuals every day or every other day. In some cases, particularly when the epidemic is very violent, the lower attenuations have to be resorted to. Acids, wine and coffee have to be avoided during the use of *Belladonna.* By using small doses of Belladonna, the angina and fever, the ulceration of the corners of the mouth, the various eruptions, the affections of mind and body, the paralytic condition of the optic nerves, and all the other symptoms consequent on large doses of Belladonna, are avoided. These bad effects of large doses of Belladonna require, in the first place, a saturated solution of camphor, to be given in drop doses every half hour or hour, after which *Coffea*, *Vinum*, *Puls.*, *Merc.*, *Hyoscyam.*, *Opium*, *Aurum*, *Hepar s.*, etc., should be administered.

If scarlatina and purple-rash should exist combinedly, both *Bellad.* and *Aconite* have to be used as anti-

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dotes, commencing with either medicine according as the symptoms of either disease are more or less predominant. *Bellad.* should be given 12 or 16 hours after *Aconite*, and the latter 48 hours after the former.

§ 110. *Purple-rash, Miliaria purpurea, Purpura rubra, Scarlatina miliaris Hahnemanni.*

Purple-rash attacks persons of every age. The eruption consists of purple-red circumscribed spots, which sometimes have a brownish or dark-red tinge, and remain unaltered under the pressure of the finger. The spots are dotted with dark-red miliary pimples, which are not so much raised above as deep-seated in the skin, and distinctly perceptible to the eye and finger. The eruption does not show itself on any particular place, is, however, most frequently perceived on the covered parts and in the bends of the joints. It is least frequent on the face, and is generally without swelling. The eruptive fever does not run a regular course; the rash is seen now here, then there, and does not disappear after a definite period. The sudden disappearance of the rash, which takes place at times, becomes frequently fatal in a short time. The danger is not proportionate to the quantity of the eruption upon the skin. The disease is sometimes most malignant when the eruption is trifling, whereas there is frequently very little danger when the eruption is fairly out. No sweat appears except on the dark-red spots. Dr. Trinks saw no sweat except on the parts which were free from all eruption; the parts covered by the eruption became turgescent. This rash may occur several times on the same person, even during the same epidemic. There is no angina except when there is no eruption; it is felt previous to the eruption coming out; there is no angina when the eruption is out fully, and it becomes very violent when the eruption recedes from the skin. The angina varies in different epidemics and sometimes resembles that of scarlatina.

Precursory symptoms are: alternation of chilliness and heat, cloudiness and heaviness of the head, the

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heat soon predominates, is attended with congestion of blood to the head, vertigo, aching-stinging pain in the forehead, catarrhal and gastric symptoms. These precursory symptoms do not last long.

The eruption, accompanied with fever, generally first appears in the face, on the neck, back and chest, and lastly on the extremities. The rash-vesicles are sometimes so close together that they fall off in crusts, whereas they generally scale off. The desquamation continues for many days and even weeks, on several parts, two or three times in succession. When the eruption is very distinct, the eyes are slightly red, sensitive to the light, with profuse lachrymation, exhibiting a group of symptoms like the measles, from which they are distinguished by the eruption. The uneasiness and anxiety increase with the eruption, and the fever does not abate until the desquamation is nearly over. The alvine evacuations are generally suppressed; the urine, which is very dark, is passed in very small quantity. The lips, tongue and mouth become dry, and the thirst is excessive. There is tossing about, sleeplessness, starting from sleep, and exacerbation of the fever several times during 24 hours.

Purple-rash is just as dangerous and insidious a disease as scarlatina. There is danger of a metastasis to the brain or heart, which cannot be foreseen or prevented, and destroys the patient by nervous paralysis.

§ 3. The specific remedy for purple-rash is *Aconite*, which should be repeated every two, four or six hours, according as the disease is more or less violent. For the excessive pains and the whining mood, a dose of *Coffea cruda* is sometimes required. In some cases *Coffea cr.* and *Aconite* require to be given in alternation.

In some cases the fever is not very violent, and the eruption comes out very slowly, causing anxiety and restlessness, tossing about, moaning. For these symptoms a few doses of *Ipec.* should be interposed, and, when they are accompanied by symptoms of internal inflammation, *Bryonia* is required.

I have seen cases where the eruption remained almost suppressed, causing by metastasis a dangerous

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angina faucium, which yielded to *Mercurius*, or sometimes to *Aconite* followed by *Belladonna*. When the disease is of a malignant nature, the treatment indicated for malignant scarlatina has to be pursued.

Aconite is the specific when the eruption does not appear upon the skin, and an inflammatory fever with the following symptoms sets in: slight chills through the whole body suddenly alternating with redness and paleness of the face, full and quick pulse, slight dulness of the head, with nocturnal loss of consciousness, stupefaction and even delirium; dryness of the mouth and lips, with thirst; redness of the eyes; oppression of breathing; short cough with reddish expectoration, occasioning a stinging pain under the short ribs. When these symptoms occur, *Aconite* should be given in repeated doses.

Dr. Gross has furnished the following description of epidemic purpura miliaris which prevailed in his district: "After more or less striking precursory symptoms, the disease commenced with pains in the head and feet. These symptoms were soon followed by vomiting and delirium. Many patients died in the first days of inflammation of the brain, many died afterwards of angina. At times the palate and fauces were inflamed alone, at times the larynx, in which case the patients were affected with a croupy cough; in other cases two considerable, tight, pad-shaped swellings descended from the parotid gland, which, on being opened, discharged a thin, badly-colored, fetid ichor. In the last epidemic this disorganization was not observed; the children died before it set in.

"In some cases the exanthem resembled the Sydenhamian scarlatina; in most cases, however, it looked like a bright-red rash. Neither *Bell.* nor *Aconite* seemed to be of much use in this epidemic. The subsequent leucophlegmasia seemed to yield to *Rhus t.*"

Dr. Wislicenus employed *Dulcamara* with great success in the epidemic of 1831. Dr. Gross used it with great benefit for acute cutaneous eruptions, when the angina was not very considerable, and the children complained of violent rheumatic pains in the

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limbs, not allowing them to be moved, and accompanied with slight glandular swellings. These symptoms generally yielded in 24 hours, after which the skin began to scale off.

Purple-rash may co-exist with other diseases, such as variola and measles. When complicated with variola, the rash set in at the time when the pustules began to inflame, causing an increase of the synochal fever. The pustules remained stationary after the appearance of the rash, and continued their course as soon as the rash had run its course. The treatment was the same as in purple-rash. When measles and purple-rash co-exist in the same patient, it is exceedingly difficult to distinguish one from the other. *Aconite* is, in such cases, the chief remedy, although a dose of *Bell.* or *Merc.* sometimes requires to be given for the angina, and the supervening typhoid symptoms require the use of the remedies indicated for typhoid fevers.

In the scarlatina epidemic of 1842, Dr. Schrœn derived no benefit whatsoever from the usual remedies, *Bell.*, *Aconit.*, *Acid. phosph.*, *Bryon.*, *Merc. sol.*, *Rhus t.*, *Sulphur*. He employed with the best success *Amm. carb.*, in large doses, from half a scruple to a scruple with two ounces of water, with ordinary white sugar, half a tablespoonful or a whole tablespoonful every two hours; and if this failed, the patients were wrapt up in sheets soaked with cold water.

According to Dr. Schrœn, the smell of scarlatina patients resembles that of musty bread. Dr. Hering has furnished the following remarks on epidemic scarlatina. According to him, the smell of such patients is like that of drying funguses, or, in bad cases, like that of funguses in a state of decay.

In cases where the vomiting, which is generally the first striking symptom of the disease, is followed by sopor, the *Solaneæ* or *Opium*, or, at other times, *Bryonia* and *Sulphur* are useful, according to the symptoms.

If the patients should be red all over, even in scrofulous subjects, who are generally the worst kinds of scarlatina-patients, the third trituration of *Sulphur*,

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with intermediate doses of *Aconite* for the dry skin, restlessness, etc., will generally be found sufficient. The remedies may be given every two or six hours, and are to be followed by *Puls.*, *Calc. c.*, *Baryt.*, *carb.*, etc.

In doubtful cases, when the eruption was diminishing, *Senega* proved serviceable if indicated by the throat-symptoms. *Calc. carb.* was indicated by the swelling of the parotid glands, particularly on the right side, and by the desire for boiled eggs, which, however, the child is unable to chew or swallow. Calc. c. was likewise indicated by great ill-humour, occurring in the morning, and by other symptoms.

Kali carb. was indicated by swelling of the parotid glands, particularly on the right side, and by restlessness, moaning, tossing about *between two and three o'clock in the morning*, the children having been quiet the first part of the night.

Several children who were already rattling, with warm sweat on the forehead, cold and bluish limbs, hot breath, were cured by *Camphora*.

In the scarlatina epidemic of 1845, Dr. Elb, of Dresden, employed principally *Calc. carb.*, particularly when symptoms of paralysis of the lungs and affections of the chest were present; and *Zincum* when the brain was affected and symptoms of paralysis of the brain were setting in. For the other symptoms, we refer the reader to Hahnemann's Materia Medica.

The diseases which generally follow purple-rash, are like those succeeding scarlatina, and require to be treated with the same remedies.

§ 112. *Rubeolæ.*

This exanthem is intermediate between measles and scarlatina, but more allied to the latter: it is even said that the smell which is generally observed about scarlatina patients has been noticed on patients affected with rubeolæ. This exanthem generally occurs in an epidemic, but in various forms.

The precursory symptoms are generally of a catarrhal-rheumatic nature, but are rarely as strikingly developed as in measles and scarlatina. The throat-

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symptoms, and particularly the affection of the tonsils, are very violent; the eyes are sometimes red, with lachrymation, sometimes they are dry and itch a good deal. Pressure in the forehead, nausea and vomiting, are likewise present, and are sometimes accompanied by a violent cough; until the eruption breaks out, the skin is dry and hot.

This exanthem attacks principally children and females; it comes out in from 12 to 24 hours, and remains visible for several days. It appears without regular order, first on the face and then on the other parts of the body, or else on the whole body at once. It consists of red spots of one-third of an inch or of a whole inch in circumference, in the centre of which groups of little vesicles become visible, which dry up in five or six days, after which the skin peels off in patches which are larger than in measles and smaller than in scarlatina. The desquamation takes place very rapidly. Dropsical effusions are among the secondary affections of rubeolæ.

§ 113. The treatment is pretty much the same as that of scarlatina: *Aconite*, *Bellad.*, and *Bryonia* are among the principal remedies. For the violent angina, *Mercurius* is sometimes indicated; and for the excessive thirst and the burning heat of the skin, which make the patients fretful and weak, *Arsenic* is a real specific.

§ 114. *Miliaria.*

This eruption consists of small, round millet-sized vesicles (and frequently still smaller than a millet-seed, and perceptible only to the finger): they appear scattered over the body, are surrounded by a slight inflammation, and appear at irregular periods during a feverish state of the organism. Precursory symptoms are: profuse sour-smelling sweats from the commencement of the fever, oppressive anxiety on the chest, heavy (not short) moaning, frequently sighing breathing, dry, short cough, restlessness, frequent creeping chills, stinging and itching of the skin, sometimes nervous attacks, spasms, delirium. These symptoms sometimes abate on the breaking out of the rash.

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The eruption is sometimes very slight, sometimes extremely violent, particularly on the neck, chest, and back; in many cases the whole body except the face is covered by it; in other cases the eruption consists of single spots scattered irregularly over the surface of the body, and remains visible for several days. The skin being inflamed, and the fluid contained in the vesicles being quite clear and transparent, the vesicles look red for about thirty hours, after which the fluid becomes opaque and milky. This change has given rise to the denomination of red and white miliaria.

Miliaria is generally a symptom of a more deep-seated disorder—fever, etc. It is difficult to say how long such a rash lasts, inasmuch as new vesicles are constantly breaking out: we can, however, state, that it disappears between the seventh and fourteenth day. If the eruption should make its appearance on the seventh, eleventh, and fourteenth day, accompanied with a general abatement of the symptoms, we ought to look upon it as a favourable critical phenomenon.

§ 115. There are various kinds of miliaria, which, of course, require different remedies. The indolence, anxiety, oppression in the præcordial region, uneasiness, moaning, and other symptoms which generally precede the eruption in puerperal, mucous, and other fevers, are most speedily and certainly relieved by a few doses of *Ipecacuánha* or *Bryonia*. If the anguish be excessive, and compel the patient to shift his position all the time, *Arsenic* deserves a preference over either Ipec. or Bryonia. If the anxiety be attended with a violent orgasm of the blood, great internal and external heat, *Aconite* is the specific, although *Belladonna* is likewise useful when delirium, congestion of the blood to the head, bloatedness of the face, red and glistening eyes, are the characteristic symptoms. If the restlessness proceed from nervous irritation without much anxiety, *Coffea* is a suitable remedy.

Miliaria of lying-in women and their infants are most speedily removed by *Bryonia* and sometimes by *Chamomilla*. *Chamomilla* is particularly indicated in infants, when the miliaria is occasioned by keeping

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them too warm, and when it is accompanied with watery, greenish evacuations, looking like stirred eggs, and corroding the anus. Such an eruption in infants may be owing to dietetic transgressions, and may be attended with other symptoms for which *Chamomilla* is likewise a specific remedy. In cases where Chamomilla, although indicated, was of no avail, I have frequently given with the greatest benefit a very small dose of *Sulphur*, particularly when the eruption affected the inner surface of the thighs, the abdomen and nape of the neck, when the patients were very restless, and the thighs, sexual organs and anus looked like raw flesh. White miliaria is frequently cured by a single dose of *Arsenic*, unless the accompanying symptoms should indicate *Valeriana*.

We ought to mention here another kind of eruption, pustules or wheals, with which infants with a flaccid skin are affected in hot weather, particularly when kept too warm. They are not accompanied with dangerous symptoms, and do not require the interference of art. Daily bathing and a diminution of the temperature are sufficient. If any medicine should be required, *Aconite* is generally the more suitable; and if the eruption should be very obstinate, *Chamomilla* and *Bryonia:* if the vesicles should be inflamed and suppurate, *Dulc.*, *Rhus t.*, *Clematis*, *Ranunculus Sceleratus*, etc., are indicated.

Chronic miliaria, which disappears in one place and re-appears in another, with much itching and burning, is most certainly removed by *Mezereun*, *Clematis*, *Sarsaparilla*, *Staphysagria*, *Arsenicum*, *Ammon. carb.*, *Sulphur*, and *Carb. veg.*

§ 116. *Soreness, Intertrigo.*

This soreness arises from the friction of two adjoining parts, most frequently under the shoulders, between the thighs, on the neck, at the anus, in the groins. Sometimes a fetid, albuminous matter is secreted from the sore surfaces; at other times the parts are dry, and the disease terminates in a scurfy or scaly exfoliation of the skin. In most cases this soreness arises

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from a want of cleanliness, the urine, sweat, and dirt, being left on the skin. Frequently, however, the disease originates in some internal cause, particularly when other than the above-mentioned parts are affected, and the whole body resembles a mass of raw flesh.

To cure this soreness, the patient should be bathed in tepid water every day. If this should not be sufficient, *Chamomilla* should be administered, except when the abuse of that plant in the shape of tea has contributed to occasion the disease, in which case *Ignatia* or *Pulsatilla* is preferable. If the whole body should look like a mass of raw flesh, *Merc. sol.* in repeated doses is the best remedy. If the disease should not yield entirely to Merc. sol., *Lycopodium* or *Graphites* will complete the cure.

When the soreness is occasioned by a miliary eruption, the *Tincture of Sulphur* or a trituration of Sulphur will remove the disease; *Sarsaparilla*, *Jacea*, *Staphysagria* deserve likewise to be considered. *Causticum*, *Sepia*, *Phosphorus* and *Silicia* should likewise be thought of.

§ 117. *Petechiæ.*

Petechiæ are of a violet, brown, black, and sometimes red colour, from one to two lines in diameter, generally round and circumscribed, though sometimes irregular and diffusing into the surrounding skin, with or without fever, (acute petechiæ, petechial fever, chronic petechiæ). In some cases the spots—some at least—are several inches in circumference; these are called vibices, ecchymoses, and are, properly speaking, of the class of purpura hæmorrhagica. They show themselves at irregular periods, first on the lower extremities, then on the arms and trunk: the face remains free, but not always the hands. At first the spots are of a bright-red, afterwards they assume a livid, and finally a brownish or yellowish aspect: this change can be seen most clearly by the new spots which continue to break out.

In some persons, the disease makes its appearance suddenly, at a time when the patients seem to enjoy good health; in others, it is preceded for weeks by

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pains in the limbs, which render the patient incapable of making the least exertion. Generally the disease is accompanied with great debility and lowness of spirits; the pulse is either small and feeble, or hard and frequent. Petechiæ generally result from debility and from decomposition of the blood, and frequently occur as a symptom in putrid fever; sometimes they arise from keeping the skin too warm, and from getting overheated, hence they will occur in inflammatory fevers; they may likewise occur sympathetically in gastric and worm-fevers. They develop themselves like miliaria, and are frequently complicated with the latter disease.

If petechiæ be a mere symptom of a more general disorder, the remedies prescribed for it have to be employed. The remedies which are most frequently indicated for petechiæ, are: *Belladonna, Arsenic, Rhus t., Bryonia, Chininum, Ledum, Acid. sulph., Phosphor., Sec. corn., Silic., Laches., Aconite, Acid. phosph.*

§ 118. *Thrush, aphthæ.*

This exanthem always affects the inner mucous membrane. It consists of small, white, elevated, lardaceous, sponge-like little ulcers in the mouth, on the tongue, palate, in the fauces, sometimes covering the whole intestinal canal down to the anus, burning violently, sometimes existing only a few days, sometimes however for weeks and months, new ulcers making their appearance as the older ones disappear. They are accompanied with a number of local and consensual symptoms, which are more or less violent and dangerous, such as: angina, painful deglutition, irritation in the trachea, nausea, hiccough, cardialgia, vomiting, colic, diarrhœa, dysentery, discharge of detached aphthæ, enteritis.

Precursory symptoms: dryness in the mouth and throat, thirst, sensation as if a foreign body had lodged in the throat, nausea, retching, vomiting, irritation inducing cough, roughness, stinging in the throat, hoarseness, anguish, pressure in the præcordial region, heartburn, stupefaction.

Aphthæ may become dangerous by terminating in

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angina, gangrene, enteritis. They not only affect infants, but may occur in persons of every age as symptoms of various acute and chronic affections. They are most frequently induced by gastric derangements, suppressed secretion of the skin, rheumatic and catarrhal metastases, and are very rarely a critical symptom. Aphthæ generally occur in the colliquative stage of phthisis, and in gastric-putrid fevers.*

§ 119. As a primary disease, Aphthæ are less difficult to treat than as a symptom. In the former case, the nipples of the mother are liable to be affected with the disease, for which the most suitable remedy is *Borax*, particularly when the child is very peevish, cries a good deal, starts up from sleep as if in affright, throws its arms about, looks pale and livid, has a flaccid skin, does not want to nurse, and when the mucous membrane of the palate and tongue, which exhibits reddish vesicles and aphthæ, looks shrivelled. I use with great benefit the strong sulphuric acid, one or a few drops in one ounce or an ounce and a half of water, which the child takes in teaspoonful-doses. The attenuations will do as well if the children enjoy otherwise good health. If there be considerable angina, *Mercurius sol.* is an excellent remedy, which is frequently to be followed by *Sulphur*, particularly when the child's rest is very much disturbed, starts up from sleep with great cries, when there is ptyalism and the aphthæ bleed readily, etc. (The latter symptom furnishes likewise an indication for *Borax*.)

Mercurial aphthæ on the tongue or palate are most speedily removed by *Sarsaparilla*, *Borax*, *Nitr. ac.*, *Thuj.*, *Iodium*, *Agaricus*, etc. Aphthæ which are accompanied with considerable debility in fevers, should be treated with *Arsenic*, *Sulphur*, *Acid. sulph.* Aphthæ accompanied with rhagades in the white-coated tongue, are cured by *Cicuta*. When the salivary glands are very much affected, secreting a tenacious mucus, *Mercury* is the best remedy, (provided the disease have not been caused by it). When complicated

* They occur very frequently in persons suffering with nervous irritation, and have, in such cases, to be treated with *Aconite*.—*Hempel*.

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with tuberculosis, *Iodium* and *Sulphur* will effect a certain cure.

§ 120. *Erysipelas.*

This is a febrile condition, during which a certain part of the body becomes hot, red and swollen, and is sometimes covered with blisters (erysipelas bullosum). The redness is superficial and shining, disappears under the pressure of the finger, and returns immediately after the pressure ceases. The redness is apt to wander from one place to another. The inflammation is seated in the epidermis. When the inflammation is very violent, the more deep-seated tissues are likewise affected (erysipelas phlegmonodes).

The fever is accompanied with a disposition to sleep, and generally disappears after the breaking out of the erysipelas. If the fever be very violent, it precedes the breaking out of the erysipelas for a few days, accompanied with sopor, and continues even a few days after the appearance of the erysipelas; in such a case, the fever may last until the seventh or ninth day. Erysipelas is generally accompanied with gastric and bilious symptoms.

Erysipelas is generally a mild disease, without danger, except when the face is affected, in which case the inflammation inclines to go to the brain. Erysipelas is likewise dangerous when the fever has a malignant character, or when there is a metastasis to internal noble organs. The terminations are: dispersion, induration, suppression, gangrene.

§ 121. Simple erysipelas affecting the cellular tissue and accompanied with a violent synochal fever, is controlled by *Aconite*, after which *Belladonna* may be given, particularly if the erysipelas spreads in rays, and a stinging pain is experienced in the tight swelling, increased by contact, and at night. *Belladonna* is likewise indicated for erysipelas phlegmonodes. In many cases *Belladonna* is the specific from the commencement of the disease; it shortens the course of the disease very much, which, when left to itself, lasts from nine to twelve days, and occasions a variety of secondary symptoms.

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If the joints and the surrounding parts should be affected, and the pain should increase by motion, *Bryonia* is frequently indicated, still more frequently *Belladonna*, but least frequently *Pulsatilla*, which ought to be used when the erysipelas shifts from one part to another; but is never indicated in pure erysipelas of the face, except when accompanied with stitches, in which case the disease is apt to go to the brain; this can be more effectually prevented by *Belladonna* than by Pulsatilla.

I had a case of erysipelas where the disease re-appeared frequently, always on one side of the face only, and where every attack was preceded for several days by a violent cardialgia. A single dose of *Nux v.* 15, effected a permanent cure, showing that the accompanying symptoms often indicate a different remedy from what are generally considered specifies for erysipelas. In such cases *Sulphur* might likewise be resorted to, particularly when a throbbing-stinging pain is experienced in the swelling.

Erysipelas of the face generally runs its course accompanied with a very violent, generally bilious fever. The affected parts are red, hard and swollen. The vesicles are of different sizes, yellowish, occasion an itching, burning, tension, and incline to flow into each other. If the inflammation extends to the hairy scalp, the cerebral membranes and the brain itself are seized in a similar manner as in scarlatina, though the cerebral affection in erysipelas is different from that in scarlatina, inasmuch as it requires a different kind of treatment.

The principal remedy for this kind of erysipelas is *Rhus t.*, even if the brain should be affected. I have never used any other remedy but *Rhus t.*, though some physicians have likewise employed *Belladonna* and *Hep. s.* beside Rhus. This kind of erysipelas is sometimes accompanied with external and internal otitis, which may require *Pulsatilla* after Rhus. *Graphites* has been used with great success in erysipelas of the face, if indicated. *Carbo animalis* and *Cantharides* have likewise proved useful in single cases of ery-

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sipelas. *Euphorbium* is an excellent remedy in erysipelas of the head and face, with swelling, and boring, gnawing, digging-up pains, with itching and creeping after the pains cease; likewise in erysipelas with pea-sized vesicles filled with a yellow fluid, accompanied with great heat. *Solanum mammosum* is likewise said to be useful in the last-named erysipelas.

Erysipelas neonatorum generally takes place during the first month in the region of the umbilicus, extending to the abdomen and genital organs; it likewise appears on the upper limbs, chest and back. It gradually spreads from one part to another, the fever being very violent and sometimes assuming a typhoid character. It is most frequently epidemic. In all my practice I have only seen two sporadic cases, which I succeeded in curing with *Aconite* and *Belladonna.* In dangerous cases, *Bryon.*, *Rhus t.*, *Hepar s.* or *Sulphur*, may prove useful.

The erysipelatous inflammation of the scrotum, which is most frequently met with in chimney-sweeps and inclines to terminate in gangrene, is most effectually controlled by *Arsenic*, which is likewise the most efficient remedy in the so-called black erysipelas, unless *Acid mur.*, *Sec. corn.*, *Sepia*, etc., should be more suitable.

Camphor, *Arnica*, *Nitr. ac.*, *Mercur.*, *Lycop.*, *Phosphor.*, *Nux v.*, are excellent remedies in erysipelas of the feet and knees, or in erysipelas generally; likewise *Lachesis* and *Crotalus.*

§ 122. *Zona, Zoster, Cingulum.*

The zona is very similar to erysipelas; it is generally about a hand's breadth, surrounding the body, or a portion of the body, in the shape of a demi-circle. The eruption is burning, itching and stinging, and consists of little pustules upon an inflamed basis. It is frequently acute, attended with fever.

The character of zona is intermediate between erysipelas and herpes, frequently arises from the same cause as erysipelas, but more frequently from a more deep-seated and general dyscrasia (Hufeland).

The disease is treated like erysipelas. *Mercurius*

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may prove very efficient after *Rhus t.* *Causticum* is principally applicable in zona when there is a painful itching burning. Some propose Graphites, others *Sulphur* and *Arsenic* (the latter particularly for the nocturnal burning); *Acidum nitr.* and *Euphorbium* are likewise recommended.

§ 123. *Chilblains, perniones.*

Chilblains are a sort of chronic erysipelatous inflammation, which does not become acute unless excited by some additional cause, change of weather, or some kind of morbid action which becomes concentrated in the region of the chilblains. This kind of erysipelatous inflammation takes place on the feet, hands and at the tip of the nose. If the inflammation be slight and superficial, with slight, bright-red swelling and burning itching in warmth; if the swelling crack and bleed readily, it is speedily and safely removed by a few small doses of *Nux vom.*, especially when the disposition of the patient is suitable to that remedy. *Carbo anim. and veg.*, *Arnica*, *Petroleum*, *Acidum nitr.*, *Phosphor.*, *Lycop.*, *Crocus*, etc., are likewise useful in this disease.* If the chilblains should be very painful, *Nitri ac.*, *Petrol.*, *Phosphor.*, will be found efficient. *Arnica* is a certain remedy when the inflammation of the chilblain is caused by pressure, friction, etc.

If the frozen limbs should be blue-red and swollen, with throbbing pains, *Pulsatilla* and *Belladonna* are indicated, the former more particularly by a meek or phlegmatic disposition, the latter by a sad, indifferent and at times vehement temper. For these blue-red and violently itching chilblains, *Kali carb.* is likewise an excellent remedy, whereas *Sulphur* is suitable only when the itching occurs during warmth. If blisters should show themselves on the inflamed parts, with a tendency to gangrene, *Arsenic* should be used; whereas *China* deserves a preference, when symptoms of humid gangrene have actually set in. *Opium* is, in the latter case, sometimes indicated by the accompanying symptoms.

* Also *Agaricus.—Hempel.*

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Bryonia, Rhus t., Ledum, Merc. and *Sulphur*, are generally sufficient to cure this kind of erysipelatous inflammation. *Acidum nitr.* and *Petroleum* are the best remedies, when the inflammation sets in with very cold weather.

EIGHTH CLASS.

FEVERS WITH DEFINITE INFLAMMATORY AFFECTIONS.—LOCAL INFLAMMATIONS.

§ 124. *Inflammations in general.*

An inflammation, though apparently local, is nevertheless a dynamic disease, affecting the vitality of the blood-vessels through a disturbed nervous action. Inflammations are very similar to fevers, and particularly to synochal fevers. These being easily cured by homœopathic remedies, it follows that inflammations are likewise readily cured by similar means.

§ 125. An inflammation is an anomaly of the vegetative process; it arises from a disturbance of nervous action, which indirectly affects the vitality of the blood-vessels.

The symptoms of inflammation are: quicker and stronger beating of the blood-vessels than in their normal condition. This redness is graduated, and is most intense in the centre of the inflamed organ. Swelling and hardness are generally likewise present in inflammation, but not unless the inflamed organ contains loose cellular tissue. Inflammations are generally attended with pain, arising from the disturbed nervous action, though neither pain nor redness or swelling is a necessary pathognomonic symptom of inflammation. The painful sensations vary a good deal, hot, burning pricking, itching, aching and tensive, stinging; they are either continuous or periodical, remittent or exacerbating at distinct periods. In inflammations of internal organs, the usual characteristics of inflammation are wanting: in many cases there is only pain attended with an inflammatory fever. In abdominal inflammations the physician ought to press the abdomen of the patient, by means of which he

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will discover the inflamed part by the pain which the pressure occasions, and which the patient had not been conscious of before.

Although it is Hahnemann's opinion, that the physician needs not to be acquainted with the internal nature of the disease, and ought to select his remedy in accordance with the symptoms, yet it is desirable that the physician should possess the clearest possible notion of the disease he is called upon to treat.* It is important, for instance, that inflammations should be distinguished from internal neuralgic or spasmodic affections. If fever be present; if the local affections have set in with a chill; if heat, thirst, and an accelerated pulse be present, we may safely conclude that there is inflammation. A hard, full, and strong pulse is likewise characteristic of inflammation, although such a pulse is not always present in high degrees of enteritis and pneumonia. One of the chief characteristics of inflammation is the urine: if red, it denotes fever and inflammation; if pale and watery, it denotes spasm.

§ 126. Inflammation may be excited by either of the following causes:

1. Mechanical causes, wounds, splinters, etc.

2. Chemical agents, acids, ethereal oils, poisons, etc.

3. State of the atmosphere, cold, dry, windy weather, northerly or easterly winds, increased action of circumambient influences upon certain organs at particular periods, for instance, of the atmosphere upon the lungs in winter and spring, and upon the abdominal viscera: increased sensitiveness of particular organs in certain conditions of the organism, of the brain during the period of dentition, of the uterus during menstruation, pregnancy, or confinement, of the breasts during lactation, etc.

4. Emotions, such as anger, chagrin, fright, sudden joy.

5. Various ailments of the body, such as accumula-

* In reference to this subject, see my essay on the present internal condition of the homœopathic school. For a new and, as I believe, true theory of inflammation, the reader is likewise referred to that essay.—*Hempel.*

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tion of gastric and bilious matter in the intestines; suppression of the lochia, menses, or piles; suppression of chronic cutaneous eruptions, such as itch, herpes, tinea capitis, etc.

Secondary diseases, induration, adhesions, suppuration, may occur under homœopathic the same as under allopathic treatment, though they are much less frequent: in such a case the pain never ceases entirely. They occur most frequently in consequence of violent bleeding, latent psora, and in feeble, scrofulous subjects.

§ 127. The fever which accompanies inflammations is either a synocha, or an erethic or typhoid fever. The prognosis depends

1. Upon the character of the inflammation. Inflammations with a synochal or erethic fever are less dangerous than those with a typhoid fever.

2. Inflammations of noble organs, such as the brain and lungs, are more dangerous than inflammations of less important organs and tissues.

3. Simple inflammations are more easily cured than compound or inflammations arising from other diseases.

4. The prognosis depends likewise upon the constitution of the patient; the more lymphatic the constitution of the patient, the greater the danger.

§ 128. In the treatment of inflammations, the homœopathic physician proceeds in the same way as in all other forms of disease; he notes the totality of the symptoms, and selects his remedy in accordance with them. It is, of course, of importance to study as much as possible the cause of the inflammation, with a view of removing it by appropriate dynamic, surgical, or chemical means.

The chief remedy with which homœopathic physicians combat inflammation is *Aconite*. It should be employed in every inflammation accompanied with synochal fever, continual great heat, quick, full, and tight pulse, burning thirst, scanty and saturated urine. It may be used with children, as well as full-grown persons. It is an excellent remedy for rheumatic diseases, and acts as a prophylactic against angina pecto-

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ris occasioned by exposure to east wind.* Aconite supersedes the necessity of bleeding, even in those who were in the habit of resorting to it.

After Aconite are principally indicated, *Bellad., Mercur., Bryon., Cantharides, Hepar s., Rhus t., Puls., Nux v., Ignat., Sulphur, Spong., Dig., Cann., Acid. hydroc., Arn., Dros., Squill., Seneg., Ars., Kali c., Phosph., Lyc. Asa, Cina, China, Mangan., Dulc., Chamom., Magnes arct.*, and a number of other remedies.

Mercurius is an excellent remedy when debilitating sweats, and particularly night sweats, great nervousness, and debility, are present; when internal inflammations threaten to terminate in effusions and suppuration; in catarrhal, rheumatic, arthritic, erysipelatous inflammations, and inflammation of the periosteum. *Belladonna* is suitable to plethoric persons disposed to phlegmonous inflammations, particularly in the case of children, and delicate, sensitive individuals. *Bryonia* corresponds to inflammations of serous membranes, congestive inflammations attended with violent fever and great vascular and nervous excitement.

After the inflammation has been allayed, the pain can be speedily relieved by applying one or more dry cups in the neighborhood of the inflamed organs, or, if exudation should have taken place, by resorting to *Tartar emet., Seneg., Dig., Arn.*, etc. If, in spite of the abatement of the inflammatory symptoms, the local irritation should still continue, or should point to an increased nervousness, *Ipec., Hyoscyam., Laurocer., Pulsat., Sulph., Nitrum*, etc., should be employed.

§ 129. As was said above, the homœopathic physician does not always succeed in dispersing an inflammation. In such a case the inflammation terminates:

1. In suppuration. This occurs particularly in inflammations of glandular organs, in boils and wounds, and in inflammations that have reached a high degree of intensity. The best remedies for this condition are, *Merc., Bell., Puls., Asa, Mezereum, Sulphur, Hepar sulp., Tart. emet., Phosph., Iod., Silicea*, every remedy

* The East wind in Germany is a very dry wind.

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to be, of course, selected with reference to the totality of the symptoms.*

2. In induration. The remedies indicated for this state of things are, *Sulphur*, *Carbo amm.* and *veg.*, *Iod.*, *Baryt.*, *Conium*, *Kali carb.*, *Silicea*, *Calc. carb.*, and several others. Sometimes *Rhus t.*, *Nux v.*, *Bryon.*, *Dulc.*, *Ranunculus*, *Spongia*, and other remedies, may have to be used previous to the above mentioned antipsorics.

3. In adhesion. This does not interfere with the enjoyment of perfect health, and cannot be removed. I ought to state, however, that a cure of an adhesion is reported in the third volume of the *All. hom. Zeitung*, p. 7.

§ 130. In regard to diet, I refer the reader to my previous remarks on that subject, which are likewise applicable to patients suffering with inflammations. Such patients should content themselves with very light food, and should not satisfy their thirst to excess.

SPECIAL TREATMENT OF INFLAMMATIONS.

§ 131. *Pneumonia, peripneumonia, pneumonitis.*

An inflammation of the lungs generally commences with chilliness, which frequently increases to a shaking chill followed by heat. During the heat the patients generally first experience a pressure deep in the chest, which soon increases to an intense seated pain. The pain may be various, acute, burning, cutting, sticking, aching, dull, oppressive, constrictive, and is generally accompanied with anxiety. The pain is felt in the region where the inflammation is seated. If both lungs should be inflamed, the pain extends over both sides of the chest; if but one lung should be affected, the pain is felt on one side of the chest only, but extends farther in proportion as the inflammation continues to spread. The breathing is impeded, frequent, painful, anxious, superficial, and is carried on only with the uninflamed portions of the lungs; or, if both lungs should be inflamed, with the abdominal

* In phlegmonous inflammations accompanying a remittent fever, *Aconite* is the specific remedy, even in the suppurative stage: see my Essay on the present internal condition of the Homœopathic School.—*Hempel.*

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muscles and the diaphragm, but not by raising the thorax. There are cases of pneumonia where the pain is entirely wanting, and where the existence of pneumonia can only be inferred from the breathing, but not always with certainty. Pneumonia is almost always attended with a deep cough, which is at times dry, at times accompanied by expectoration ; at times it is spontaneous, at times excited by deep breathing, talking or even swallowing. The expectoration is tenacious, sticky, at first semi-transparent, slimy, afterwards bloody, saffron or rust-coloured. The patients generally lie upon their backs.

The fever, which is very acute, and scarcely ever leaves the patient at the commencement of the disease, sometimes assumes an intermittent type, disappearing in the morning, together with a great many troublesome symptoms, until the heat and other symptoms of inflammation return in the evening. The pulse, which was soft in the morning, again becomes hard and bounding, the cough becomes again violent, and denotes danger. These paroxysms indicate the synochal or erethic character of the fever. The fever may, however, assume a typhoid form after the inflammation has reached its climax, or in compound pneumonia, or when the meningeal membranes are affected, in which case the patients are delirious.

The face of the patient is intensely red, the head is dull and painful. The patient craves cooling drinks, and emits a small quantity of dark-red urine.

It would be unsafe, without resorting to percussion and auscultation, to infer the existence of pneumonia from the above-mentioned symptoms ; nor is it possible to determine, without percussion, whether the inflammation is still confined to the stage of inflammatory engorgement, or has passed to the stage of hepatization.

§ 132. At the commencement of pneumonia, when the organic tension of the pulmonary cells is diminished in consequence of the exudation of bloody serum, percussion yields a tympanitic sound, which is at first clear and full, but becomes much less so as the con-

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densation of the pulmonary tissue in consequence of the congestion increases. As soon as the process of hepatization commences, the percussion-sound becomes dull, insonorous and hollow. When exudation has set in, the so-called crepitant rattle is heard during an inspiration, and during cough. When a portion of the lungs, into which one of the larger bronchial tubes opens, hepatizes, the communication between the air in the lungs and the column of air in the trachea and larynx is interrupted; this gives rise to peculiar sounds termed bronchial respiration, bronchophony and consonant rattle. These three sounds are not heard when the bronchus is stopped up, or when the voice and respiration of the patient are very feeble. Over the hepatized portion we always hear a peculiar whiffing, bronchial respiration, but never the vesicular murmur.

§ 133. Anybody may be attacked with pneumonia, though it occurs more rarely in childhood, and most frequently between the 17th and 50th years of age. Females are less liable to pneumonia than males, for the very reason that the lungs of the former are much less developed than those of the latter. Predisposing causes are: a tuberculous diathesis, previous pneumoniæ, suppressed discharges of blood.

Exciting causes are: atmospheric influences, north-east winds. Hence it is that inflammations of the lungs occur most frequently at the end of winter and the commencement of spring, or also in summer, when the air suddenly becomes cool after sultry heat; they occur likewise on taking cold after having got heated by dancing or running, or by sounding musical instruments; they may be occasioned by mechanical and chemical irritants, sharp, sour, oxydizing vapours, vapours of muriatic or nitric acid, arsenious vapours, by inhaling plaster, lime, pebble, coal, flour, or wool-dust, in consequence of fracturing a rib, or penetrating stab or shot wounds.

Patients can recover from pneumonia in every stage. The general and local symptoms disappear gradually; the fever, pain and cough abate, the sputa again becomes normal, and the respiration easy and regular.

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In spite of these favourable changes, we know from auscultation and percussion that there are still some morbid phenomena remaining, inviting the patient to be on his guard lest he should have a relapse. Unfavorable terminations are, 1, when the plastic exudation changes to tubercles; 2, when an abscess forms; and 3, when the hepatization has lasted too long to admit of resolution. Death takes place by excessive congestion, or by complication with an affection of the heart, or in consequence of some secondary disease.

The prognosis is more favourable in young and vigorous subjects, and in persons who are attacked for the first time, than in old people. It is likewise more favourable in simple than in compound pneumonia, or when the inflamed lung was already partially hepatized, or otherwise morbidly affected. A good deal, however, depends upon the treatment, even in unfavourable cases.

§ 134. The chief remedies in pneumonia are: *Aconite, Bryon., Puls., Lauroc., Mercur., Canthar., Phosphor., Rhus t., Tart. stib., Bellad., Arn., Lyc., Seneg., Cann., Nux v.*, etc.

If the fever should have a synochal character, if the pulse should be hard, quick and full, the face red, the chilliness or heat excessive, the pains in the chest violent, and the respiration oppressed and accompanied with anxiety, *Aconite* should be given in repeated doses. *Bryonia* is an excellent remedy when the inflammation was occasioned by exposure to dry and cold weather, by straining, or other violent muscular exertions; when it is not entirely developed or not violent. This remedy is principally indicated when the fever and pains are moderate, the sputa white, slimy and streaked with blood, the cough loose and the oppression not excessive, attended with constant desire to draw breath. Rheumatic or bruising pains in the muscles of the chest or extremities are an additional indication for Bryonia.

Next to Bryonia we mention *Pulsatilla*, which is particularly indicated when the pneumonia has a rheumatic-catarrhal character, when the expectoration is

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copious and not bloody, when the pain is more external and is increased by pressure on the thorax, and when the breathing is rattling. Rheumatic pains in different parts of the body are an additional indication for Pulsatilla. It is particularly suitable when the above-mentioned symptoms occur in a female patient with pale face, blue eyes, blond hair, when they occur in consequence of fright or chagrin, and are accompanied with gastric symptoms. *Belladonna* will be found suitable when there is great congestion of blood to the brain, when the face is bloated and very red, the lips and tongue are cracked and dry, when there is delirium, and the disease threatens to assume a typhoid character. Belladonna is frequently useful after Aconite; it corresponds to the synochal as well as the erethic fever, to a strong, full and quick, as well as to a small and quick pulse, to stitches in the chest as well as to pressure attended with heavy, short, anxious and quick breathing. It should always be used if Aconite should prove unavailing to moderate the fever.

Tartarus emet. is recommended as the principal remedy in the second stage of pneumonia, and is, according to Dr. Cl. Müller indicated by the following symptoms: little or no stinging pain, great oppression and difficulty of breathing; loose cough with mucous rattling and alleviation of the oppression by the expectoration, which is very profuse; the sputa contains little or no blood, but a quantity of mucus; a portion of the lungs is hepatized (stage of splenization as well as red hepatization). The percussion-sound over a larger or smaller portion of the thorax is dull, with increased resistance; the portion of the thoracic walls adjoining the afore-mentioned region has either a tympanitic or the normal sound. Auscultation reveals bronchophony, bronchial respiration and consonant rattle. In bilious pneumonia, *Tartar. emet.* is indicated by the following symptoms: slight bilious tinge of the skin, of the albuginea, alæ nasi and corners of the mouth, yellow-brownish coating of the tongue, bitter taste, disposition to vomit or actual vomiting, brown saffron-coloured urine; stinging pain un-

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der the right false ribs, or pain in the pit of the stomach with distention of the pit, frequent eructations and hiccough; violent aching, boring pain in the frontal region, sometimes increasing to furious delirium towards evening; the cough is frequently attended with vomiting, with scanty expectoration of a somewhat blood-streaked, frothy, saffron-coloured mucus. *Nux v.*, *Mercur.*, *Senega*, *Digit.*, *China*, *Sulph.*, are likewise suitable in that kind of pneumonia.

Nux vom. is indicated in pneumonia by a difficult, tenacious, sanguineous expectoration with much cough; the expectoration affords momentary relief: the patient complains of pressure and a feeling of anxiety in the chest; the pulse is not very strong, the patient is uneasy and restless. In pneumonia, with bilious symptoms, *Nux v.* deserves great attention.

In violent pneumonia, when the sticking pains in the chest are excited or aggravated by coughing or breathing (also in pleuro-pneumonia), when they are very violent and extend over a large surface, when a large portion of the lungs is inflamed with dyspnœa, when the cough is dry and the sputa rust-coloured (a characteristic symptom), *Phosphorus* is then in many cases the only remedy, affording relief in 8 or 12 hours. We should give two or three drops of the third or fourth attenuation every two or three hours. Sometimes, when the attack is very violent from the commencement, *Phosphorus* has to be given in alternation with *Aconite* or *Belladonna*, agreeably to the symptoms. This alternation may be necessary in the second stage of pneumonia, when the percussion-sound over the affected portion of the lungs is dull, and bronchophony or bronchial respiration or perhaps consonant rattle is heard. Phosphorus is likewise indicated when the inflammation threatens to assume a typhoid character, the physical symptoms remaining nearly unaltered, or when symptoms of approaching paralysis of the lungs denote the passage of the inflammation into the stage of gray hepatization or purulent infiltration of the pulmonary parenchyma, attended with remarkable depression of the mental faculties, bland delirium and

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grasping at flocks, subsultus tendinum, rapid prostration, cold, viscid sweats, small, frequent, feeble pulse, dim eyes, sunken countenance, dry lips and tongue, short and difficult breathing, oppression and anguish, difficult cough and respiration, etc.*

Mercurius is indicated by a crampy-tensive pain in the left side of the chest, with violent oppression of breathing, which is sometimes increased by a burning, lancinating pain; this is attended with a cough which is at first dry, and afterwards accompanied with bloody expectoration; the pulse is hurried, full; much thirst; the fever is attended with a general nervous irritation, great heat, profuse, fetid sweats, nightly delirium, violent pains in the limbs, violent vertigo, dry mouth and throat, and particularly with great sensitiveness and painfulness of the region of the liver and epigastrium and of the pit of the stomach.

Cannabis sat. is a useful remedy when the inflammation affects the lower portion of the lungs or principally the left lung, with palpitation of the heart, oppression behind the sternum, with dull shocks in the region of the heart, frequent hiccough, when the whole body is rather cold than warm, and the heat of the face increases constantly. Cannabis deserves attention in asthenic pneumonia.

Crocus is a distinguished remedy in pneumonia when there is much orgasm of the blood, palpitation of the heart, anxiety in the region of the heart, violent dry cough, particularly at night, obliging one to sit still, with stitches in the left breast near the heart; short, oppressed breathing, general, burning heat, full, hurried pulse, violent thirst, hot urine, dry skin.

Zincum is useful when the following symptoms occur: Constant, short, generally nocturnal cough, causing the most violent stitches in the left chest, which are likewise caused by deep breathing; after coughing, a bloody mucus is hawked up; the breathing is very much oppressed; with burning heat of the whole body, great anxiety the whole night, quick, hard and

* See the "Essay on Pneumonia," in the Homœopathic Examiner, vol. 4.

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full pulse, vivid redness of the checks and glistening eyes.

Kali carb. is likewise said to be useful in pneumonia, but more in pleuritic affections. *Kali nitricum* is recommended for violent stitches in the left side of the chest, shortening the breathing, worse towards evening, and being aggravated by the cough, which is accompanied with expectoration of pure blood. The fever is a synocha, with full, hard and quick pulse, accompanied with heat, heaviness and dulness of the head. The stool is sluggish and hard; the urine red and turbid; the thirst violent and constant.

§ 135. If the inflammatory symptoms should be moderated, but not completely subdued, and the fever should show a tendency to assume a lentescent character, *Bryon.*, *Bellad.*, *Rhus t.*, *Mercur.*, *Hyoscyam.*, *Acid. phosph.*, *Lycop.*, *China*, are to be resorted to.

Bryonia is suitable when the fever is assuming a torpid character, the pains are still violent, the patient's speech is becoming heavy, slight delirium and comatose symptoms are setting in.

Belladonna is indicated when the typhoid symptoms are more marked. The pains in the chest are still sticking, but have partly become dull and aching, the breathing is painful, the cough dry and fatiguing, the skin hot and dry, the head dull, the eyes are staring and red, there is delirium or sopor. If the typhoid symptoms should be still further developed, if the patient should cease to complain of pain although the objective symptoms (impeded or hurried breathing, and the abnormal physical symptoms) should be unchanged; if the face should be red, the patient soporous, and in a state of great debility and anorexia, *Rhus t.* should be exhibited.

Merc. and *Acid. phosph.* are principally indicated by great debility and profuse sweats. *Mercurius* especially by congestion of blood to the brain, slight delirium, and quick and strong beating of the arteries; when cough is still present, with difficult, blood-tinged expectoration. *Acid phosph.* more particularly by excessive debility and diarrhœa, loss of consciousness,

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strong, irregular, frequently intermittent pulse, distention of the temporal arteries and the arteries of the hand; the symptoms of the chest should, of course, correspond to the pathogenetic effects of this remedy.

Lycopodium is indicated by the following symptoms: nervous irritability without heat of the head or redness of the face, circumscribed redness of the cheeks, great debility, sweats which do not afford any relief, red and dry tongue, frequent irritation with desire to cough, and difficult, scanty gray expectoration, after which the rattling in the chest does not at all abate, and the difficulty of breathing becomes evident.

Hyoscyamus is indicated by typhoid symptoms, small, feeble pulse, oppressed breathing, expression of anguish in the face, etc.

China may be given when the patient has become exhausted by excessive loss of blood, giving rise to a typhoid state.

Sometimes we only obtain partial relief by the above-named remedies, even when fully indicated. This may be owing to the impoverished vitality of the patient, in which case a few magnetic passes will restore the susceptibility of the organism to the proper action of the remedy. At other times, the acute disease may have excited some latent dyscrasia, which can be effectually controlled by *Sulphur*, after which the treatment will proceed successfully.

§ 136. It may not be superfluous to add a few remarks in reference to the distinctive characteristics of pneumonia in the different ages of man.

In children, the disease frequently commences quite mildly, so that it is scarcely noticed; it is generally mistaken for catarrh. The disease generally sets in after a cold in winter or spring, is frequently epidemic, commences sometimes with convulsions, but always with loss of appetite, and some fever which is particularly perceived in the evening. The symptoms gradually get worse, the cough is particularly troublesome, especially while the fever is on the increase, during which period the cough frequently intermits;

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it is generally dry and comes on in short turns, because the child is unable to take deep breath. During the cough the child's countenance is expressive of anguish, the features are distorted and denote suffering; immediately after the cough the children cry and moan. The cough is excited by motion, breathing, or by taking the child out of the cradle. There is no expectoration, even when the cough is loose.

These are the symptoms of pneumonia in infants, but older persons likewise do not always complain of violent stitches in the chest, but of a mere general soreness.

The breathing, which takes place by means of the diaphragm and the abdominal muscles rather than by expanding the chest, is quick, intermittent and short; the cough frequently terminates in yawning and vomiting, which affords some relief. The inspirations are short, and the expirations are very quick. If the disease be far advanced, the alæ nasi dilate during an inspiration, and the cervical muscles co-operate in the act of breathing. The respiration is the principal phenomenon to which the physician should draw his attention, since it reveals distinctly the local affection.

The fever is frequently very violent, the pulse is frequent and quick, small and hard, the heat burning, thirst excessive, particularly during the exacerbation of the fever, towards night. The face and skin are not always red, but sometimes pale although very hot, or else there is a frequent alternation of paleness and redness; the mouth is hot, the tongue generally coated white and moist, the lips are dry and hot. Nursing infants occasion a feeling of disagreeable heat about the nipples. The breathing has frequently a disagreeable smell. The urine is dark-coloured, hot, has sometimes a sharp smell, and finally becomes thick and milky. The stool is irregular; at times undigested, light-green, accompanied with pinching, slimy, diarrhœic; at other times there is constipation. During the course of the disease there is no general sweat, mostly only about the head and chest; if a general sweat should break out, the disease is broken.

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Little children always lose their appetite; larger children want to drink all the time. Infants nurse with more greediness, sleep a good deal, though not quietly, start frequently up on account of the pain, and on hearing the least noise; are impatient when laid down, and want to be carried all the time.

The duration of such an inflammation depends upon the treatment; if properly treated, it can sometimes be removed in a few hours.

§ 137. The principal remedy is *Aconite* in repeated doses. If the vascular excitement should not entirely yield to Aconite, *Bryonia* may be given after it; if catarrhal irritation should remain, *Chamomilla* and *Nux vom.* are indicated. If the cough be loose, and the rattling should indicate the existence of a quantity of mucus in the chest, which, however, may likewise arise from internal spasms, *Ipecac.*, *Puls.*, *Chamom.*, *Dulc.*, *Senega* or *Tart. emet.* are to be resorted to.

In inflammation of the chest the brain is sometimes sympathetically inflamed. This inflammatory irritation of the brain is sometimes perceived only after the inflammation of the lungs has subsided. Be this as it may, the treatment ought invariably to be commenced with *Aconite*, after which *Belladonna* may be given for the other symptoms.

I have seen cases of pneumonia in infants, where it was necessary to commence the treatment with *Rhus t.*, and then to give *Aconite*, which was of no avail previous to the other remedy.

There are cases where *Bryonia* is required after Aconite, although that remedy is very seldom indicated in the affections of children.

In cases where paralysis of the lungs and suffocative catarrh, with accumulation of mucus, threaten to set in, *Ipec.*, *Tart. stib.* and *Arsenic*, and sometimes *Sambucus* and *Moschus* are excellent remedies.

§ 138. In persons of middle age, pneumonia frequently assumes a typhoid character. The typhoid symptoms develop themselves gradually and the pains in the chest increase in violence during the course of the

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disease. The pulse is frequent, small, easily compressible; the pains which the patient never defines or complains about very positively, are constant, without intermission. In robust persons, typhoid pneumonia frequently appears like true pneumonia, with a full, strong pulse, and without any of the characteristic typhoid symptoms; nevertheless, the sensitive system is principally affected, the patient lies in a state of half stupefaction, is more or less delirious, complains too little although the disease is very violent, he is in a state of sopor, with stertorous breathing and his eyes half open, he is roused with difficulty, and is scarcely conscious of himself even after waking, etc. In such a case *Rhus t.* is indicated, although *Acidum phosph.* may likewise be of service, particularly when the expectoration is purulent, and when the patient is troubled with profuse night-sweats, etc.; *Belladonna* should also be thought of. When, in this kind of masked typhoid pneumonia, the fever has a synochal character, it is perfectly proper to give first a little *Aconite* before we administer the principal remedies, viz.: *Bryon.*, *Phosphor.*, *Tart. emet.* If the inflammatory character should not be subdued after the administration of Aconite, and a good deal of mucous expectoration with loose cough, sticking, rather superficial pains impeding deep breathing, should be present, *Squilla* is to be used. If, however, the typhoid character should predominate, *Rhus t.*, *Bellad.*, *Hyoscyam.*, *Stramon.* or *Verat.*, have to be resorted to; the latter remedy particularly when a small, easily compressible pulse, prostration of strength, involuntary evacuations, melancholy delirium, vomiting, complete sleeplessness, etc., are present. When the patient is half stupefied, slumbers with stertorous breathing, with his eyes half open, and is roused with difficulty, *Opium* soon affords relief. *Conium mac.* is an excellent remedy when the exacerbation takes place at night and the patient is exceedingly low-spirited, debilitated and cold in his lucid moments.

§ 139. In people of a more advanced age, pneumonia frequently has an asthenic character. The re-

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medies indicated for that species of pneumonia are principally those which we employ in typhoid affections, and which at the same time correspond to inflammatory diseases of the chest, such as, *Bryon.*, *Bellad.*, *Rhus t.*, *Nux vom.*, *Mercur.*, *Arnica*, *Puls.*, *Baryta*, *Conium*. An excellent remedy is *Tartar emet.*, which is, perhaps more than any other remedy, capable of preventing paralysis of the lungs, and is a specific remedy for the sopor generally attending that kind of pneumonia. It is scarcely necessary to state, that all the other remedies which have been proposed for typhoid affections in preceding chapters, may likewise prove useful in the treatment of asthenic pneumonia.

I have lately treated a case of pneumonia with orthopnœa, in a patient of advanced age, where Bryon., Rhus t., Bellad., Phosph., were of no avail: the cure was effected by repeated doses of the third attenuation of *Cannabis*.

§ 140. Pneumonia is sometimes complicated with gastric, bilious and mucous fevers, in which case the remedies indicated for pneumonia and the accompanying affections have to be used.

The treatment of the secondary affections arising from pneumonia will be discussed hereafter. We may here state, however, that *Lycopodium* has proved curative in several cases of pneumonia where the disease threatened to run into phthisis, and that *Nitric acid*, *Tart. emet.*, *Kali carb.*, etc., have been found useful in the treatment of empyema.

We ought to observe that auscultation and percussion should be instituted every day until the patient is entirely restored. The abnormal physical symptoms disappear in an opposite order to that of their development: bronchophony gives place to the rattle, the whiffing or crepitant rattle to the mucous rattle, this to the normal vesicular breathing; the percussion-sound from dull again becomes clear.

§ 141. There is another species of pneumonia which goes by the name of false or occult pneumonia (pneumonia notha, occulta). It frequently sets in so clandestinely that the patient is not aware of it. It is

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sometimes preceded by lassitude and heaviness of the limbs, or it sets in in the shape of an ordinary catarrh of the lungs, with alternate chilliness and heat, without cough. The cough is generally moist, even from the commencement of the disease; the expectoration is white, yellow, slimy, sometimes it consists of a little froth only, but is never thick and compact; there are cases where the cough is dry, and the patient coughs constantly and violently, as if his chest and head would fly to pieces from pain. The breathing is impeded, with slight pressure or stinging and burning sensations here and there in the chest, which go and come and always appear at the same narrow spot. These paroxysms of anxiety and fleeting pains increase on going up stairs, sitting erect or turning to either side, so that the patient is frequently compelled to lie on his back all the time. The disease is frequently accompanied with all sorts of catarrhal and rheumatic symptoms. Fever is almost always wanting, or, when present, it is very slight and scarcely ever violent. The pulse is somewhat increased, feeble, the cheeks are but slightly reddened, the thirst is very little, and the appetite and general health continue good. The disease generally appears in old people, and inclines to terminate in complete paralysis of the lungs, suffocative catarrh (catarrhus suffocativus).

§ 142. A most excellent remedy for this kind of pneumonia is *Arnica*, particularly when the fever is slight; the internal chest feels as if bruised, the cough is not too frequent, and accompanied with scanty, somewhat blood-streaked, slimy, expectoration. In some cases *Bryonia* is preferable, particularly when the pains and suffocative symptoms increase at night, with great heat in the chest, violent cough, as if the head and chest would fly to pieces, with scanty expectoration of dingy-reddish mucus.

Pulsatilla is indicated by profuse white-yellowish expectoration, loose cough, which does not fatigue the chest. If these symptoms should have become chronic, with predominant inflammatory character, *Dulcamara* sometimes renders essential service.

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If the cough be dry, with much tenacious mucus in the larynx and trachea, and a good deal of rattling, causing aching pains in the chest, and as if it would fly to pieces, *Senega* is an excellent remedy; whereas *Nux. vom.* is more indicated by a dry, spasmodic cough, accompanied with oppression of the chest, or difficult respiration.

Sulphur, *Lycop.*, *Calc.*, etc., and the remedies indicated for pneumonia generally, may prove useful under certain circumstances.

§ 143. *Pleurisy, Pleuritis.*

Pathognomonic symptoms: Rather superficial violent stitch, emanating from a certain part of the chest, generally below or sideways from the nipple, extending over a large portion of the chest, and increased or excited by deep breathing; if the pleura costalis should be affected, the pain will likewise be increased by pressure on the intercostal muscles. The breathing is short, hurried, incomplete; sometimes the patients do not experience any pain on raising the thorax partially, but if a large portion of the pleura should be affected, respiration has to be carried on with the abdominal muscles; nevertheless, there is not as much anxiety as in pneumonia. The cough is short, generally dry or attended with mucous expectoration: if the inflammation should communicate itself to the lungs, the sputa becomes frothy, or like saliva, tenacious, and blood-streaked. The cough occurs either spontaneously or in consequence of talking, or deep breathing. Lying on the affected side increases the pain very much.

If the mediastinum posticum be the seat of the inflammation, there is less difficulty of breathing, but the pains along the whole vertebral column are gnawing and dull, and increase on moving the dorsal vertebræ. The pain frequently extends up to the throat, preventing deglutition; disposition to vomit and real vomiting are likewise frequently present.

The fever is generally moderate, and frequently precedes the local symptoms; the pulse is tight, and frequently small, in consequence of the imperfect breathing.

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All these symptoms, however, are more or less deceitful, without the physical symptoms; they very often characterize an affection of the pulmonary tissue itself. The physical symptoms depend upon the exudation which accompanies every case of pleurisy. If the exudation be not too inconsiderable, the affected side of the thorax is raised very little, or not at all, during an inspiration, and seems to have increased in size in consequence of the extension of the intercostal muscles: the wall of the thorax does not vibrate when talking; the vesicular murmur from below upwards is entirely wanting, and the apex of the heart is pushed somewhat out of its place, and does not strike the thorax at the normal point; the diapraghm and the liver are somewhat crowded out of their normal positions. The percussion-sound is always dull and hollow, and if the exudation should be of a fluid consistence, the sound changes according to the position of the patient. Auscultation does not yield constant symptoms.

Previous to the introduction of auscultation and percussion, the empyema was diagnosed from the following facts: previously existing pleuritis, rupture of a vomica, dull pressure on the chest, with violent dyspnœa, immobility of the affected side of the thorax, œdema of that side and of the back, position of the patient on the affected side and on the back, increase of the dyspnœa when lying on the sound side of the chest, swelling of the arm of the affected side, feeling of fluctuation in the chest on changing one's position, hectic fever, sedimentous and fetidly-smelling urine.

The exudation continues and develops itself together with the local inflammation.

§ 144. If the fever be a synocha, and the sticking pains very acute, *Aconite* sometimes cures the whole disease; if any pain should be left, *Bryonia* will remove it. If the exudation should be considerable, (see physical signs,) *Arnica*, *Sulphur*, or *Scilla* will promote the absorption, and soon remove the disease. Characteristic indications for *Arnica* is the uneasiness in the affected side of the chest, inducing constant changes of position; accompanied with a feeling in

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the chest as if bruised, which constantly invites the patient to lie down, accompanied with general internal heat and cold feet and hands, or else the patient complains of a stinging pain in one side of the chest, with dyspnœa, and a frequent, short, and dry cough, which increases the pain very much.

Scilla is suitable, when there is a dry, burning heat, with chills on uncovering any portion of the body ever so little, attended with violent stitches in the side striking from the ribs to the shoulder, and increased by the cough, which is generally accompanied with profuse expectoration of mucus.

Sulphur, *Rhus t.*, *Nux v.*, *Kali carb.*, and *Bell.*, are useful when the inflammation has communicated itself to the lungs. In some kinds of muscular pleuritis, particularly when there is no inflammatory fever, no thirst, when the patient complains of coldness, and at times only of flushes of heat, which are generally occasioned by the increased pain and the subsequent anguish, *Sabadilla* will prove useful.

§ 145. *Pericarditis, carditis.*

It is difficult to distinguish these two kinds of inflammation from each other; a post-mortem examination is the only safe means to obtain certainty in regard to either. These inflammations generally run a rapid course, which renders them very dangerous. They are likewise dangerous in this respect, that the symptoms are not always sufficiently violent to denote imminent danger. In most cases, these inflammations are characterized by the following symptoms: violent, more burning than cutting, pain behind the lower half of the sternum, near the xyphoid process, rather towards the left side, in the præcordial region, whence the pain spreads in different directions; considerable dyspnœa, which may be inferred from the expression of the features, and does not depend upon an affection of the lungs, or pleura, since no such affection is revealed, either by percussion or auscultation. The respiration is quick and short, panting, without mucous rattle. Cough is frequently present, though not in every instance, frequently without expectoration, or with slimy,

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purulent sputa. The beats of the heart are violent, frequently irregular, and increase to the most violent cardiogmus; the pulse is small, frequent, vibrating, frequently intermittent. The patient prefers lying on his back and with his head raised; lying on his side increases the pain. The distress is likewise aggravated by motion. The disease is accompanied with all sorts of sympathetic affections: delirium, frightful anguish, starting from sleep as if in affright, hiccough, difficulty of swallowing, vomiting, swelling of the joints, frequent fainting, want of agreement between the pulse and beats of the heart, etc.

The præcordial region, particularly in young subjects, is fuller, and the costal cartilages in the region of the heart are more prominent. When considerable exudation is present, the percussion-sound over the whole region of the heart is dull; the stethoscope reveals friction-sounds, together with the abnormal beats of the heart.

§ 146. Exciting causes are: cold drinking when the body is heated, etc.; inflammation of the pleura by metastasis to the pericardium. Females at the age of pubescence are most liable to that disease. Other causes, are: penetrating wounds in the chest, blows on the region of the heart. It is most generally a sequel of acute rheumatism, particularly of the knees. It likewise occurs by metastasis in the course of acute exanthemata, small-pox, scarlatina, measles, erysipelas, miliaria, etc. Emotions, such as anguish, fright, fear, may likewise lead to inflammation of the heart.

§ 147. *Carditis and pericarditis infantum.*

These inflammations are not very unfrequent in children, but the symptoms are so deceitful that there is great danger of mistaking the true seat of the disease. It is likewise frequently impossible in these little children, when so restless and tormented by anguish, to ascertain the physical symptoms.

Frequently we only notice great dyspnœa, which sometimes occurs in paroxysms, excessive anguish, constant moaning and tossing to and fro; the painful sensations are frequently described as being in the ab-

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domen, or in the region of the heart. Palpitation of the heart is sometimes present, at other times absent. There is generally violent fever, hot skin, dryness of the lips and tongue, frequent, small and irregular pulse; finally, convulsions and generally collapse, which leads to the suspicion of the brain being affected. Sometimes, however, the symptoms of pericarditis are more distinct. Auscultation should never be neglected (Canstatt).

§ 148. The treatment will be more fully indicated in the chapter on *Rheumatism of the heart*, or *endocarditis*. We shall here content ourselves with briefly indicating the remedies referring to that disease.

The first remedy is *Aconite*, every half hour, after which *Nux vom.* is sometimes indicated.

If the fever and the local distress should have been moderated by the Aconite, and if oppression, palpitation of the heart, anxiety, apprehension, sadness should remain, *Pulsatilla* would be most suitable.

If some inflammatory symptoms should still remain, attended with violent anguish, distorted countenance, great prostration of strength and debility, *Cocculus* will be found most suitable, particularly when accompanied with inflammatory swelling of the knee.

If the symptoms mentioned under Cocculus should be excessively violent, and a little inflammation should still remain, *Arsenic* should be resorted to.

Cannabis, first, second or third attenuation, is an excellent remedy, after the diminution of the fever by means of Aconite, when the patient complains of a tensive aching pain in the middle of the sternum, with oppression of breathing, frequent shocks in both sides of the chest, and most painful in the region of the heart, accompanied with orgasm and a sensation of fulness about the heart. Distinguished remedies are: *Spigelia, Oleander, Tart. emet., Phosphor., Sulphur, Belladonna, Nitrum, Digit.*, etc.

As we said above, we shall hereafter recur to the treatment of this affection.

§ 149. *Diaphragmitis, paraphrenitis.*

This kind of inflammation is generally complicated

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with pneumonia, pleurisy, hepatitis or nephritis. It is known by a very violent pain in the lower portion of the thoracic cavity, which is more or less superficial or deep-seated, limited or extended, being felt lower down during a deep inspiration, with sensation of contraction in the whole region of the diaphragm, from the sternum to the back and loins. If the whole diaphragm be inflamed, the pain is exceedingly distressing, extending from the lowest ribs to the dorsal vertebræ. The epigastric region, and particularly the pit of the stomach, is very hot, sensitive, drawn in, sometimes swollen, tight, beating, and burning internally. The inflammation is accompanied with a violent fever, with small, quick, sometimes intermittent pulse, violent and constant delirium soon sets in, with restlessness and excessive anguish, which the patient expresses by his looks and features; in many cases risus sardonicus, trembling, singultus, dry and distressing cough, vomiting, convulsions, attacks of paleness as if the patient would faint. The pain increases to a frightful extent from the least pressure or motion of the diaphragm. In higher degrees of inflammation, deglutition is impossible. Respiration is hurried, short, suffocative, anxious, or sighing and moaning. The pain is the same in any position of the body, and is somewhat relieved only by erect posture, with a slight inclination forwards.

§ 150. Diaphragmitis may be occasioned by inflammation of adjoining organs; by cooling the heated body suddenly, by uncovering it or by taking a cooling drink; by all sorts of organic injuries and atmospheric influences.

The prognosis depends greatly upon the violence and complication of the symptoms.

§ 151. If the fever have a true synochal character, *Aconite* is to be given first; but if the fever should have the erethic form, *Bryonia* is more specifically indicated. I consider Bryonia the most important remedy for diaphragmitis.

Chamomilla relieves the following symptoms: swelling of the pit of the stomach and subcostal region, with aggravation of the beating, burning pain extend-

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ing from that region to the spine, by every pressure which moreover shortens the already oppressed breathing; the breathing is anxious and short, or intermittent in consequence of the pain; frequent, dry, harassing cough; vomiting, convulsions, great restlessness, tossing about, complaining, and the like. When these symptoms occur in liver-grown children, Chamomilla is likewise the best remedy.

If the lower part of the chest should feel constricted, as if surrounded with a band, with short, dry, distressing cough, anguish, retention of stool, great thirst, *Nux vom.* is a specific remedy, which gives place to *Nux mosch.*, when the chest feels as if oppressed with a load, and when this feeling of oppression seems to come from the pit of the stomach, attended with a dry cough and arrest of breathing. The symptoms come on after taking cold by being in the water. *Colchicum* is likewise useful when the symptoms are occasioned by the same cause, and when the pain resembles a tensive pressure and is periodically worse.

Cannabis is suitable for anguish and oppression, *Cocculus* for a constrictive sensation, *Pulsatilla* for both conditions, provided they exhibit an inflammatory character. *Ambra* deserves a preference over any other remedy, when the painful oppression is accompanied with flushes of heat and anxiety in the region of the heart.

Other remedies are, *Arsenic*, *Phosphor.*, *Drosera*, *Sepia*, *Veratr.* *Spigel.*, *Lauroc.*, etc.

§ 152. *Rheumatic affections.*

These affections are described under two principal heads, rheumatism and catarrh. By rheumatism we understand the rheumatic irritation of the muscles, ligaments and aponeuroses; by catarrh, a similar irritation of the mucous membranes, particularly those of the bronchi, trachea, frontal sinuses and nose. Both classes arise from the same cause, have the same character, and can pass the one into the other.

§ 153. *Acute rheumatism, rheumatalgia.*

A joint of an upper or lower extremity, or all the

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joints of the extremities, suddenly swell and become painful, generally without any precursory symptoms; in a few cases of violent rheumatism the vertebral articulations from the head to the pelvis are likewise affected, or the muscles of the trunk, the heart, pleura, etc. The pain is violent, sticking or tearing, aggravated by pressure or motion; the swelling is at times great, at times inconsiderable, generally soft and not very red. The affection is generally seated in the joints, tendons and ligaments; the muscular and similar tissues are likewise liable to rheumatism. It is peculiar to this species of rheumatism, to wander from one joint to another. Simultaneously with or shortly after the appearance of the local affection, the patients are seized with chills followed by intense heat, which is permanent; the skin is hot and dry, or covered with viscid sweats which do not afford any relief; the pulse is at first full, 100 or 120, tight, hard, and, after the disease has lasted for a time, becomes fleeting, small, contracted; the thirst is violent; the urine dark-red and fiery, burning while passing through the urethra, saturated with free uric acid; the appetite has disappeared, the tongue is generally coated whitish or yellowish, with slimy, bitter taste and obstinate constipation.

§ 154. Young and vigorous individuals are most liable to acute rheumatism. It may be occasioned by keeping the body too warm, increasing the sensitiveness of the skin to an undue extent, sedentary life in closed rooms, want of exercise, etc. Exposure to a draught of keen air while sweating, is a sure means of having acute rheumatism. It lasts from 7 to 21 days, and longer; it is liable to become chronic. Recovery takes place with profuse sour sweats, and copious sedimentous urine. Relapses are very frequent. Death takes place by the suppression of miliaria, which had made its appearance, or by metastatis to some internal organ, brain, heart, lungs.

Rheumatism may lead to exudations in the adjoining cellular tissue, induration, anchylosis, suppuration, paralysis, etc.

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The prognosis depends upon the permanency of the local affection, upon metastasis to some internal organ, the setting in of miliaria and anasarca, the complication with nervous symptoms.

§ 155. As regards the treatment of rheumatism, I refer the reader to § 36. In regard to the treatment of the local affection, the following remarks will be found useful.

§ 156. A. *Rheumatism of the extremities.*

This is the most frequent form of acute rheumatism. The pain is violent, tearing, following the course of the muscles, generally limited to one extremity or only a portion of it; not continuous, but generally characterized by paroxysms of violence, aggravated by pressure and motion; the affected limb is stiff and sometimes swollen and red. The rheumatism is scarcely ever seated, wanders from the forearm to the upper arm, or from the upper to the lower limbs, or vice versa. The fever is generally mild, with profuse sweat and thirst.

§ 157. *Aconite* should be resorted to for this rheumatism, when the usual Aconite symptoms are present; violent orgasm of the circulation, congestion of blood to the head and chest, sympathetic affection of the heart, pleura or brain, etc. In most cases, however, *Bryonia* will be found indicated from the commencement, particularly by tearing or tensive-sticking pains in the muscles and joints, generally striking from above downwards, excited or aggravated by motion and pressure, and worse in the evening and at night, attended with stiffness and shining-red swelling; by tearing or sticking pains in the whole body, particularly in the wrist, elbow, knee and tarsal joints, with swelling and heat and radiating redness of the skin, violent headache, beating in the forepart of the head and vertex, profuse sour sweats and great thirst. *Belladonna* may likewise be of service for those symptoms.*

Colchicum is nearly related to Bryonia, particularly

* *Bell.* cures rheumatism of the upper limbs, particularly the right, when the symptoms are violent and distressing, with creeping and tingling in the bones, excruciating, cutting or tearing pain, striking from the shoulder to the elbow-joint on raising the arm; see the pathog. sympt.—*Hempel.*

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in affections of the joints without swelling or inflammatory redness, with general painfulness of the whole body, and great irritability during the pain which is frequently felt on one side of the body only, is most violent and frequent in the evening and at night, and is aggravated by motion and contact, particularly in individuals with great disposition to sweat and liable to be troubled with acidity, with a white and delicate skin, deficient and irregular action of the skin and increased irritability. *Colchicum* is moreover indicated when the rheumatism was occasioned in wet and cold weather, in the fall and spring.

Other remedies for this kind of rheumatism are: *Pulsatilla, Nux vomica, Chamomilla, Rhus t., Rhododendron, Dulc., Tinctura acris*, Thuja, etc. *Pulsatilla*† corresponds particularly to rheumatic pains, shifting rapidly from one limb to another, causing a swelling and redness, with evening exacerbations, violent tearing, drawing or jerking pains with numbness, lameness or swelling of the affected parts. Excessively acute rheumatisms and disposition to sthenic inflammations are not curable by *Pulsatilla. Nux vom.* is suitable for drawing pains with sensation as if the affected parts had gone to sleep and were lame, particularly in the afternoon hours; the pains appear periodically, and seem to point to an affection of the spinal marrow, the large muscles of the back, loins, chest and small of the back, with bruised pain and immobility of the small of the back and nape of the neck. *Chamomilla* is suitable to drawing or tearing pains, with sensation of lameness or numbness, particularly in the parts where the pain has abated; the tendons and the ligaments seem to be affected more than the muscles; there is no swelling; the pains are aggravated excessively at night, and by the warmth of the bed. *Belladonna* is useful for rheumatism with red, erysipelatous swelling, the least motion causing a most violent pain: the pains are wandering, with stiff-

† *Pulsatilla* corresponds to rheumatic redness and swelling of the upper portion of the foot from the toes to the middle of the leg; the cure is effected very speedily. See the pathogenetic symptoms.—*Hempel.*

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ness and swelling of the posterior cervical muscles, headache, aching-tearing pains deep on the bones, striking to the adjoining articulation like an electric shock, and terminating in the articulation in the shape of a dull pressure which is relieved by counter-pressure, aggravated by motion and exacerbating at night. *Rhus tox.* is indicated by tearing, tensive and drawing pains when worse during rest and at night by the warmth of the bed, relieved by motion, brought on by cold and by getting wet when perspiring; or it is indicated by rheumatic pains with pale-reddish swelling, intolerable creeping and throbbing, or lame feeling in the affected part. *Rhododendron* is excellent for drawing and tearing pains in the joints and limbs, most violent at night and during rest, leaving a feeling of stiffness and lameness in the joints, attended with periodical tearing pains in the lower limbs, with sensation of formication, swelling or redness of single joints, aggravated by stormy weather and rest, and not allowing the patient to sleep at night. *Dulcamara* cures the following symptoms: sticking, drawing and tearing pains in the limbs, as are frequently observed after the disappearance of acute cutaneous eruptions, or after a cold, generally exacerbating at night or in the evening, also during rest; the accompanying fever is characterized by great heat, dryness and burning of the skin, thirst, and exacerbates at the above-mentioned periods. The tearing, sticking pains in the joints in consequence of a cold, with numbness and deadness of other non-affected parts, and aggravation of the pains towards evening or in a cooler temperature, are cured by *Causticum.* *Thuja* removes a beating sticking in the joints and limbs, with painful cracking on stretching the affected parts, swelling of the cutaneous veins in the affected parts, and aggravation of the symptoms in a warm temperature.

§ 158. B. *Rheumatismus cordis. Endocarditis.*

Either during an already existing rheumatism of the joints, or without any previous disease, the patients experience a sensation of heaviness in the left side of the chest, sometimes with fleeting stinging pains; in

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case a fever was present, it now grows worse. Distress of breathing, anguish, restlessness, palpitation of the heart, set in. The oppression sometimes increases to the most violent anguish and fainting fits; cough, with or without expectoration, sets in, the head and sensorium become affected, the features distorted, etc. Frequently nothing is seen except the exacerbation of the fever, and slight uneasiness. If a joint was swollen and painful, these local symptoms disappear sometimes suddenly, though this is not generally the case. The subjective symptoms being so uncertain and slight, the physical symptoms should be studied so much more carefully. At first, the percussion-sound is normal; not till hypertrophy and dilatation have set in, is the percussion-sound dull over a larger surface; the motions of the heart are more violent and hurried, sometimes irregular; hence the heart strikes the wall of the thorax with more force, and the palpitation is distinctly visible externally. The pulse of the extremities is frequently small, feeble, contracted, and not synchronous with the beats of the heart. The two sounds of the heart continue normal, but are more frequent and louder, or a murmur is heard with the first sound, which is generally more distinct in the left ventricle.

The inner membrane of the left ventricle is most frequently the seat of the disease; the endocardium becomes red, injected, or it exhibits opacities, thickenings, roughnesses, or actual exudations set in on the fibrous valvular tissue, leading to adhesions, diminution, ossification, and final insufficiency of the valves, from which result hypertrophy and dilatation of the right or left ventricle.

Sometimes, but much more rarely, the pericardium is inflamed. In this case the beats of the heart are at first distinct and violent; but if exudation in the pericardium take place, they grow feeble, and are scarcely perceptible, and the sounds are less clear and strong; as the exudation becomes more consistent on the surface of the heart, we distinguish a friction-sound, occasioned by the motion of the heart; the percussion-

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sound remains normal, as long as the quantity of exuded matter in the pericardium is slight, but if it increases, the percussion-sound from the apex to the upper portion of the heart is constantly dull.

§ 159. The disease is met with most frequently in persons at the age of pubescence; organic defects of the heart, or former inflammations of that organ, are among the causes which, in articular rheumatism, incline to occasion a metastasis of the inflammation to the heart.

The disease runs a very rapid course, if we exclude the secondary affections resulting from it. The disease may terminate in dispersion, with the usual critical discharges by the skin and urine, or in metastasis to a joint, or to some other organ, the eye, for example, (which sometimes occurs with extreme rapidity,) or in hypertrophy and dilatation of the heart. Death scarcely ever takes place as a primary termination of the disease, except when pericarditis supervenes. Relapses occur easily, which fact alone renders the prognosis somewhat doubtful.

§ 160. The chief remedy, at first, is *Aconite*, when the restlessness, anxiety, and apnœa are accompanied with increased action of the heart and blood vessels; when the motion of the heart is hurried and violent, the beats of the heart and pulse are not synchronous, and the patient complains of slight pressure in the left side of the chest, between the fourth and sixth ribs. The bold and frequent use of *Aconite* will frequently be sufficient to disperse the inflammation and prevent exudation and organic malformations. The physical signs indicating *Aconite* are: dulness of percussion-sound over a normal space, the motion of the heart is hurried, violent, (without raising that portion of the wall of the thorax corresponding to the heart,) the beats of the heart are not synchronous with the radial pulse; both sounds of the heart are still audible, without any murmur, except that they are more violent and louder, particularly in the region of the left ventricle.

Belladonna is suitable for general congestions of the

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chest and vascular excitement, with pressure in the region of the heart, arresting the breathing and occasioning anxiety; for unequal, irregular contractions of the heart, for violent constant palpitations of the heart, and occasional intermission of the beats of the heart. Belladonna quiets the most violent vascular excitement, vomiting, with fainting fits, and cold sweat over the whole body, fleeting stitches in the region of the heart, constant panting for drink, involuntary stools, and excessive anguish, with dilatation of the pupils. The lower attenuations should be used, and frequently repeated.

Cannabis is frequently useful after Aconite, when the violence of the vascular excitement has abated, when the patient complains of tensive aching pains in the middle of the sternum, with oppression of breathing, when the patient is tormented by nocturnal paroxysms of anguish, driving the patient from one place to another, and when he complains of violent shocks in the region of the heart on moving the body, with hammering from within outwards, below the costal cartilages, near the sternum, with violent palpitation of the heart, and sensation as if the heart were beating lower down. Cannabis may moreover act with benefit when the pericardium is involved, when morbid formations on the endocardium and valvular defects have taken place, when the percussion-sound is normal or else dull over a larger surface, when the sounds of the heart are strong, violent, or mixed with murmurs.

The most constant symptom of *Digitalis* is to limit the action of the heart, and to render its beats slow and feeble; it is indicated by palpitation of the heart, orgasm of the blood, with great anguish, congestion of blood to the head, with loud noise and buzzing in the ears, dyspnœa, distress of breathing, suffocative paroxysms, irregular, intermittent, slow beating of the heart. This last paroxysm is eminently characteristic of *Digitalis*, and occurs very seldom in endocarditis. Hence it is that Digitalis will be of little use in acute rheumatism of the heart, but will be found an invaluable remedy in organic malformations of the heart,

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particularly when symptoms of hydrothorax and urine with brick-dust sediment are present.

Arsenic is indicated by excessive palpitation of the heart, particularly at night,* with great oppression and anguish, irritated and frequent beating of the heart, small, scarcely perceptible or entirely collapsed pulse; the contractility of the heart is diminished or apparently destroyed, with frightful paroxysms of nightly anguish and danger of suffocation, which does not allow the patient to rest on his back. Arsenic is less useful in acute endocarditis than in pericarditis, or, particularly, in chronic affections of the heart, and in the asthma which depends upon organic diseases of that organ, and is accompanied with serous exudations.

Colchicum is a remedy of great importance; it corresponds to the cases where a joint was still affected shortly previous to the affection of the heart setting in, or where the joint remains inflamed during such an affection, with hot, painful swelling of the knee or some other joint, not admitting of the least contact, with general painfulness of the whole body and excessive debility, distressed and hurried respiration, panting and moaning, unequal, intermitting breathing, anxiety and oppression, stitches and tearing in the chest and region of the heart during an inspiration, with strong and fluttering beating of the heart, contracted, quick, very frequent pulse, tormenting thirst, profuse, sour-smelling sweats which do not afford any relief, scanty emission of bright-red, turbid, acid urine.

Nitrum is, like Aconite, indicated by a general vascular excitement, congestions of various organs, inflammatory and febrile symptoms. Violent palpitation of the heart, particularly when lying on the back, at night, with oppression and anxiety, obliging one to sit up in bed, full, hard and quick pulse, pressure on the chest, spasmodic constriction of the chest, with oppressive shortness of breathing and painful contractive sensation in the pit of the stomach, dry and hacking cough, with audible beating of the heart, violent

* A characteristic indication for Arsenic is, when the palpitation sets in while the patient is lying on his back, and ceases on rising.—*Hempel.*

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stitch in the region of the heart, are symptoms characteristic of *Nitrum*.

Spigelia is a chief remedy in affections of the heart, and is generally to be preceded by Aconite. It corresponds to endocarditis, with or without articular rheumatism, to pericarditis, and to chronic affections of the heart arising from inflammation. It is particularly useful in endocarditis rheumatica. It is indicated by the following symptoms: undulating motions of the heart, indistinct, continuous beating of the heart, tumultuous beating of the heart when lying or sitting, which is perceived by laying the hand flat over the heart, and is not synchronous with the beating of the pulse; spasms of the chest, suffocative complaints, tremulous sensation in the chest and temples, which is aggravated by motion, sensation as if the inside of the chest would be torn on raising the arms above the head or touching the pit of the stomach (Hom. Gaz., III.); purring noise during the beating of the heart, stitches in the region of the heart, tremulous pulsations of the carotids, great dyspnœa on changing the position of the body, bright-red lips and cheeks, which turn pale at every motion, elevation of the four last true ribs, of the sternum and xiphoid cartilage, displacement of the dorsal vertebræ, (Arch. X.) audible beating of the heart, which causes a pain extending to the back, cutting pains from the heart to the shoulders, extending even up to the head and down the arms, dyspnœa increasing to actual suffocation, cutting, aching pain in the abdomen, in the region where the ribs commence, arthritic pains and stiffness of the joints (Arch. XVI. and Hygea XIX.); dull stitches recurring with pulse-like regularity in the region where the beats of the heart are felt, violent, audible beating of the heart, with anxious oppression of the chest, scraping in the throat, affection of the tracheal and bronchial mucous membrane, the beats of the heart are not synchronous with the pulse, purring in the region of the heart. The physical indications for *Spigelia* are: percussion-sound normal, or dull over a larger surface; increased shock of the heart; that portion of the wall of the thorax which

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corresponds to the heart, is visibly raised by the heart striking against it; the beats of the heart are not synchronous with the pulse; the sounds of the heart are increased, very loud, or accompanied with murmurs in different parts of the heart, or the murmurs are heard in the place of the sounds, both during the systole and diastole of the heart. Spigelia requires to be given in frequently repeated doses.

Aurum metallicum is an excellent remedy when rheumatic affections recur frequently, and finally shift to the region of the heart, in consequence of a cold, with distressing anxious pains hindering a recumbent posture, and obliging the patient to sit up; the pulse is irregular, frequently sluggish, intermittent; slight fever; oppression of the chest. After repeated doses, the rheumatism returns to the originally affected parts (Hygea XVIII.).

Asparagus is useful in chronic organic affections of the heart. It is indicated by indistinct stinging in the region of the heart, throbbing of the heart, perceptible to the hand and ear, and setting in after slight motion, irregular, quick, double beats of the heart, with anxiety, etc. It diminishes the violence of the occasionally recurring paroxysms.

Bismuthum causes strong beating of the heart, visible from a distance, frequency of the pulse, and congestion of blood to various organs. It is suitable for diseases of the heart arising from inflammation of that organ.

Other remedies, such as *Nux vom.* and *Mosch., Mercur., Nitri. ac., Phosphor., Staphysag., Coccul. Tabac., Coff., Asa fœt.*, act likewise upon the heart, but only sympathetically. These remedies do not cure inflammatory affections of the heart, but will be found useful in removing the anguish and palpitation of the heart of hysteric, chlorotic, etc. individuals. *China, Ferrum* or *Arnica* are likewise without avail in acute rheumatism of the heart.

§ 161. C. *Rheumatism of the thorax.*

The affection is generally seated in the pectorales, less frequently in the intercostales muscles. The pain

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is generally sticking or tearing in one part of the chest, generally only on one side, rarely on both sides at the same time; it is aggravated by deep breathing when the intercostal muscles, and by stooping and pressure when the pectoral muscles are affected. Cough, and the physical symptoms of pleuritis and pneumonia are entirely wanting, except when the rheumatism seizes the pleura, which is sometimes the case. There is generally very little fever, and scarcely ever critical sweat or urine.

§ 162. *Bryonia* and *Arnica* are generally indicated, seldom *Aconite*. *Arnica* should be given when the external muscles are alone affected, sensitive to pressure and sore, particularly when the affection arises from some mechanical cause and the body feels bruised and languid. *Bryonia* is useful when both the external and intercostal muscles are affected. *Bellad.*, *Nux vom.*, *Rhus t.*, *Squilla*, *Sabad.*, may likewise be useful. For rheumatic pleuritis or pleuro-pneumonia, use the remedies indicated for those diseases.

§ 163. D. *Lumbago rheumatica.*

This is a rheumatic affection of the lumbales muscles, from the posterior portion of the vertebral column to the crest of the ilium, generally on one side only. The pain is generally tearing, drawing, seldom sticking, appearing periodically and frequently shifting to some other place. The pain is very much aggravated by motion, so that the patients keep their backs quite stiff. There is no swelling or rednesss, but a darting pain is experienced along the muscle on touching it. There is very little fever. The disease is liable to be confounded with psoitis, nephritis or an affection of the lumbar nerves. In the latter affection, however, violent pains are present, which set in like electric shocks; they follow the track of the nerves, and are not aggravated by motion or contact. In nephritis, the pain is rather deep-seated, dull, aching, and following the course of the ureter; the urine is dark, bloody, purulent, attended with strangury, dysury and disturbance of the digestive functions. In psoitis, the pain is located in the region of the insertion of the

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psoas-muscles, the transverse processes and bodies of the lumbar vertebræ; it follows the course of the muscle beyond Poupart's ligament towards the thighs, swelling soon sets in under Poupart's ligament, and the characteristic pain in the knee and pain on moving the thigh is felt.

§ 164. *Aconite* is seldom required in this affection. The chief remedies are: *Bryonia, Colchicum, China, Pulsat., Arn., Rhodod., Nux vom., Sulph., Ledum. China* corresponds particularly to violent tearing, sticking, drawing pains, which are increased by the least motion, or to bruised pains in the small of the back, with occasional painful jerks in the region of the os sacrum; it corresponds likewise to the dragging pains in the small of the back as from a load or as from long stooping, with nervousness and general debility. *Nux vom.* is useful in violent, painful jerks, and jerk-like, dull sticking; in pains in the small of the back, which appear periodically and extend to the shoulder and down to the sexual organs, occasioning even a lameness and stiffness of the lower limbs. *Rhodod.* has been frequently found useful in violent pains in the small of the back, preceded by a tearing pain in the arm and nape of the neck; the pain was worse during rest and in bed, and, in the evening, it sometimes extended as far as the abdominal ring, accompanied with drawing, pressing pains in the testicles.

§ 165. Sometimes, on stooping, a most excruciating pain is suddenly felt in the small of the back, so that the trunk can only be raised with the greatest difficulty, and the least motion in the small of the back is impossible. The pain lasts from two to eight days, and is unaccompanied by fever, or any other morbid symptoms. The pain arises probably from the stretching or tearing of a few muscular fibres, or a muscular sheath. *Arnica, Nux v., Rhus t., Bryon., Sulphur, Ledum*, are the principal remedies. I have frequently cured this pain with *Nux* and *Sulphur* alternately, in one or two days.

Rheumatic lumbago sometimes affects the cervical or abdominal muscles. There is tearing pain in one

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or both sides of the neck, which can scarcely be turned or moved; sometimes the inner parts are affected, occasioning a morbid condition like angina. *Belladonna* and *Lycop.* are the best remedies. If the abdominal muscles be the seat of the disease, the tearing pain follows the course of the muscular fibres, in either the recti or oblique muscles, and is aggravated by motion. There is no distention, no sensitiveness, no nausea or vomiting, no fever, as in peritonitis and enteritis, although this former disease may develop itself out of lumbago, by the rheumatism invading the peritoneum. *Arnica* is generally a specific for this kind of pain.

If the rheumatism should affect the articulations of the vertebral column, rendering motion impossible; or if symptoms of tetanus or trismus should set in in consequence of the articulation of the temporal bone and maxilla being affected by the rheumatism, *Bellad.*, *Nux vom.*, *Causticum*, *Cocculus*, *Colchicum*, should be used.

§ 166. E. *Rheumatismus cephalicus and rheumatic odontalgia.*

The pain is chiefly seated in the temporal, occipital or facial muscles, or in the aponeurosis, generally on one side of the head only; it is tearing, and follows the course of the muscle. The disease sometimes invades the nose (as a catarrhal affection), the conjunctiva (frequently increasing to rheumatic ophthalmia), and the ear. The fever is slight, and is sometimes wanting.

Of itself, the disease is not dangerous; but it may become complicated with otitis, leading to permanent otorrhœa and hardness of hearing, or with rheumatic ophthalmia, terminating in disorganization of the eye, or with meningitis. Sometimes the pain increases to a real neuralgia, particularly in females, and feeble, irritable individuals, who had formerly been liable to megrim.

Sometimes the pain invades the teeth and jaws, either a few teeth or both rows, and extends even to the ear and eye, or shifts from one place to another. It is generally tearing, sticking, gnawing, boring,

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sometimes continuing for a long time, is most violent at night, and particularly in bed. After some time, the cheek and the gums of the affected side swell up, after which the pain generally disappears, and the swelling disperses again.

§ 167. Among the many remedies which correspond to the various symptoms of rheumatic toothache, we notice *Chamomilla, Nux vom., Bellad., Mercur., Pulsatilla, Staphysagria.*

Chamomilla is suitable for pains which are most violent at night, come on in paroxysms, and do not affect any tooth in particular; when slight, the pains are creeping, jerking; when violent, they are tearing, or even darting, striking into the ear, aggravated by warmth, eating or drinking, or by cold water, and accompanied by swelling of the cheeks, excessive secretion of saliva, heat and redness of one cheek, excessive irritability, sometimes by swelling of the gums, looseness of the teeth, and sensation as if they were elongated.

Nux vom. is a chief remedy for rheumatic pains of the head and face, teeth and jaws; the pain is principally drawing, tearing, less frequently jerking and sticking; it invades the soft and hard parts of the face, with or without swelling of the cheeks, is frequently attended with vertigo, dulness of the head, nausea, heat of the face, buzzing and pains in the ear. The toothache is principally aggravated by open air, cold, wine and coffee, sometimes relieved by warmth; it frequently affects only a decayed tooth, as a boring pain, or as if the tooth would be wrenched out of its socket, accompanied with single stitches which concuss the whole body, and with painful swelling of the gums; sometimes the pain shifts from the decayed to sound teeth, or to adjoining parts; it appears rather periodically, generally at night and in the morning, is less during rest and warmth, but is made a good deal worse by mental exertions, chewing, or opening the mouth in the open air.

Belladonna removes a pain in the forehead, and one side of the head which appears periodically, is ag-

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gravated by moving the eyes, by concussion, warmth of the bed at night and in the evening, with bright-red swelling of one side of the face, sticking and boring in the ear, inflammation of the inner and outer ear, otorrhœa, inflammatory swelling of the parotid gland, violent digging and sometimes boring tooth-ache, which is rendered intolerable by contact, air and eating, relieved by cold water, attended with swelling and sensitiveness of the gums, and swelling of the submaxillary glands.

Mercurius is a specific remedy for rheumatic sticking and tearing pains in the ear, for inflammation of the inner ear, with violent boring and gnawing pains, which are most violent at night, with otorrhœa, or even if caries of the ossicula should have already set in; for tearing, boring pains in the eye and the surrounding parts, with evening and night-exacerbations, inflammation of the sclerotica and conjunctiva, ulcers on the cornea, with broad, whitish-gray, opaque edges. It is particularly suitable for sticking, jerking, darting, tearing-gnawing and boring toothache, generally in decayed teeth, particularly in the roots, aggravated by the warmth of the bed, in the evening, and at night, also by eating and drinking, momentarily relieved by the application of cold water; the pain extends to the temples, ears, over the whole side of the head, with swelling of the cheek and gums, swelling of the submaxillary and parotid glands, copious secretion of a fetid, tenacious mucus, fetid smell from the mouth, thick-coated tongue, flat taste, febrile sensations, profuse sweat, which does not afford any relief; the gums are frequently inflamed, interstitially distended, standing off from the teeth, ulcerated, readily bleeding, with looseness and elongation of the teeth.

Pulsatilla is suitable for periodical hemicrania of a tearing, sticking and throbbing character, aggravated by warmth, and in the evening, generally extending as far as the ear, where a tearing, darting pain is experienced, with hardness of hearing, buzzing and painfulness of the region of the ear to contact. Pul-

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satilla does not seem to be of any avail in internal otitis, with discharge of pus. The Pulsatilla toothache is drawing-gnawing, tearing in the upper and lower molares, both sound and decayed, most violent at night, extending to the eye, temple and ear, aggravated by warmth, and particularly affecting individuals with a mild and gentle disposition, great patience and equanimity, delaying catamenia, etc. It corresponds to toothache, which abates in the open air, and returns in the warm room, with stinging in the gums, and drawing-jerking in the nerve, (as if the nerve were violently pulled, and then suddenly let loose again,) with chilliness and paleness of the face; the toothache usually appears in the evening, much less frequently in the morning, is aggravated by the warmth of the room and bed, relieved by the contact of cool air, not increased by chewing, but excited by picking the tooth. Pulsatilla is seldom ever useful when the gums and cheeks are swollen.

Staphysagria removes toothache affecting both sound and carious teeth, which is aggravated by food and drink, with tearing which commences in a decayed tooth and extends over the whole side of the face as far as the pes anserinus, where the most violent pains are experienced, aggravated by slight contact, and relieved by strong pressure. It is useful for gnawing pain in a decayed tooth, with drawing in other teeth, aggravated early in the morning, after chewing, in the open air and by cold drinks, relieved by warmth, with readily bleeding gums, or with painful swelling of the gums.

There are many other remedies for rheumatic toothache, such as *Hyoscyamus* for violent tearing toothache, which generally comes on in the morning and is excited by cold, with congestion of blood to the head, and heat which is sometimes felt over the whole body; or for tearing, beating pains in the upper anterior and molar teeth of the right side, both sound and decayed, extending over the upper jaw and right half of the nose as far as the root of the nose and right eye, also to the lower jaw and teeth, with swelling of the gums, rush

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of blood to the head, burning heat of the face and whole body, dulness of the head and dull headache, the teeth feel elongated, loose, and are covered with mucus. *Bryonia* is useful for flashing-darting pain, which shifts to another tooth on touching the affected tooth; it is aggravated by warm drinks and warmth of the room, also by mastication. It frequently relieves the toothache of pregnant females. *Rhus tox.* for tearing pains with soreness, aggravated by warmth and at night, less when sitting than when lying; if the teeth be sound, *Rhus t.* frequently helps in cases where *Nux v.* has failed. *Sabina* for beating, tearing pains, with sensation as if the tooth would be shattered, with beating in all the blood-vessels. *Colchicum* for sticking jerking pain, attended by a feeling of lameness and cramp pain in the articulation of the jaw, and by a peculiar sensitiveness of the teeth on pressing them together, with nightly exacerbations. *China* for throbbing toothache, the pain being felt even externally, aggravated by the least contact, relieved by pressing the teeth firmly together; warm drinks are more easily borne, but the pains are aggravated by external warmth and a horizontal position. *Causticum* is useful for pains which are caused by cold air penetrating into the mouth, particularly violent at night, at times affecting the teeth on one side of the face only, at others affecting all the teeth, and extending even to the forehead, with sensation of elongation and looseness, painful, readily-bleeding gums, and inability to lie on the affected side, or to take any thing warm or cold into the mouth. *Ignatia* removes violent, clawing, digging pain which is felt quite suddenly, particularly after eating, when drinking coffee, or when touching the sound teeth with the tongue; it likewise removes a pain as if the teeth and their nerves would be crushed. *Spigelia* for constant drawing and tearing in all the teeth, particularly of the upper jaw and in the front teeth; or for a pain flashing through the crown and roots of single teeth, and which is sometimes beating, most frequent in the day-time, less at night, relieved by tepid applications, aggravated and excited by heat or cold; for beating toothache with

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pain in the face, bloatedness of the face and great sensitiveness of the teeth to cold air, particularly when carious. *Rhododendron* for toothache which generally returns in the spring and fall during an east wind, with boring in one tooth which feels as if in a vice, with sticking penetrating as far as the ear; the pain is aggravated by contact, cold drink, cold air, or at night, and is somewhat relieved by warmth. *Coffea* is useful for darting pains, or paroxysms of pressure, for pain when biting, or for pains which seem intolerable, the patients are beside themselves, weep, tremble. *Sulphur* for sticking jerks in decayed teeth, extending to the upper and lower jaws and to the ear, with swelling of the gums, beating pains, bleeding of the gums, swelling of the gums around an old stump, with pain in the evening or in the open air, or in a draught of air, aggravated by cold water. *Sepia* for tearing or beating pains, (particularly in pregnant females); the pains are aggravated by warmth and by currents of air, with dulness of the teeth and soreness of the gums; generally at night, and when the pains are chronic. *Aconite* for toothache which is accompanied by violent vascular excitement, and is relieved by cold drinks.

The *north pole of the magnet* cures a toothache which affects all the decayed teeth at once, when the gums are swollen and painful to the touch; slight dartings, with pressure, or a digging, tearing, or burning sticking is experienced in the periosteum of the jaw, and the incisors are frequently painful on inhaling air.

For nocturnal toothache: *Nux v., Chamom., Pulsat., China, Bellad., Magnes. carb., Acid nitr.*

For toothache which is aggravated by cold things in the mouth: *Nux v., Merc., Rhus t., Staphysag.*

For toothache which is relieved by cold things in the mouth: *Bryo., Puls., Acon., Bell.*

§ 168. F. *Rheumatismus paralyticus.*

This rheumatism affects the motor nerves only, and is without pain or swelling. It affects principally the muscles of the face, and those of the extremities, and sets in suddenly, without any precursory symptoms.

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The facial muscles are strikingly distorted ; the mouth and frequently the eyelid on the affected side droop, and inasmuch as the muscles of this side do not counterbalance those of the opposite side of the face, the mouth is constantly drawn to this side, in laughing, talking, etc. Mastication is more or less impeded, the saliva flows from the half-opened mouth, the tongue is frequently involved, and can only be put out of the mouth on the sound side, the eyelids are generally open, and cannot be closed except with the finger, and then they remain so. The affected parts feel cold and more or less insensible to the patients, although they have the usual temperature to others. If the extremities should be affected, it is generally the lower, and usually both together, they become stiff, immoveable, more or less insensible, without change of shape or temperature. Sometimes a painful creeping and formication is experienced for some hours before the attack sets in. If the upper limbs should be affected, the breathing is generally impeded. There is scarcely ever any fever.

The disease cannot well be confounded with apoplexy, inasmuch as the functions of the brain and senses remain undisturbed, and the patient feels otherwise well.

This rheumatism is generally caused by exposure to cold water or a current of air.

The rheumatic lameness of the facial muscles is generally without danger ; that of the extremities may change to actual paralysis, or, by invading the central portions of the nervous system, may terminate in nervous apoplexy. When the upper extremities are affected, the pectoral muscles may become paralyzed, in consequence of which the respiration may stop.

§ 169. This affection is principally cured by *Nux vom., Bellad., Rhus t., Caust., Graph., Secale corn.*

Nux vom. has cured many cases of paralysis, particularly of the facial muscles, when a painless drawing, jerking, and formication were experienced in the affected part. Motion is restored very gradually. *Nux v.* is likewise useful in paralysis of the lower extremities, with or without pain in the vertebral column.

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Belladonna corresponds to paralysis of the facial muscles, when the tongue is involved and the speech impeded in consequence. *Rhus t.* is eminently useful in catarrhal affections with perspiring skin, and particularly in rheumatic paralysis of the extremities. *Secale cornutum* deserves great attention in this affection, and *Plumbum* likewise, particularly in paralysis of the eyelids. For further details we refer the reader to the article "Paralysis."

§ 170. *Inflammation of the psoas muscle.—Psoitis.*

This kind of inflammation is not very rare, but it is easily misapprehended when gradually developing itself out of a rheumatic affection of the lumbar region. It is known by the violent drawing, tearing, tensive, inflammatory, seated pain in the region of the kidneys, sometimes extending along the spine up to the shoulders, or down to the bladder and feet, without following exactly the course of the nerves. It is furthermore known by the sensation of debility and numbness of the thigh of the affected side, and by the pain being aggravated when the thigh is extended or drawn up. The pain is likewise aggravated in a recumbent posture, or by turning from side to side. The patient limps, and has to bend forward in attempting to walk. Swelling is rarely visible. The absence of urinary difficulties and of constipation distinguishes psoitis from nephritis. If suppuration should set in, the pus may discharge into the cavity of the abdomen, and thus lead to death, or it may burrow downwards, causing phthisis lumbalis, and suppuration in distant parts. The fever is generally a synocha.

In chronic psoitis the pain is less intense, more erratic, remitting, or felt only when drawing the thigh up or turning it, or when turning from side to side, or bending backwards; there is a feeling of numbness, of debility, or a peculiar kind of sensitiveness, without much fever at first. The pain becomes more and more seated, until at last, in the absence of proper treatment, perhaps after years, symptoms of suppuration show themselves. Psoitis is sometimes occasioned by a mechanical cause, violent straining, a blow, fall on

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the back, nates; rheumatism and piles are among the general causes.

§ 171. If the accompanying fever should be a synocha, *Aconite* has to be used until the fever and the other inflammatory symptoms abate. If typhoid symptoms should be present from the commencement, proper remedies have to be selected. *Bryonia, Nux vom.*, and *Bellad.* have to be used when the pains increase during motion; *Rhus t.* and *Puls.* when the pains are worse during rest, or are aggravated by cool air blowing on the affected part; *Cantharides*, when the inflammatory affection is accompanied by ischuria, dysuria, or strangury; *Mercurius* and *Chamomilla* when the pains are most intolerable at night; *Staphysagria* when the pain is beating and points to incipient suppuration, in which case *Arnica, Chamomilla, China, Mercurius, Hep. s., Stannum, Sulphur, Eupion, Kali carb., Aurum, Asa*, are likewise useful. *Belladonna*, when the pains are drawing, tearing, and have a still somewhat inflammatory character. Belladonna is suitable for both acute and chronic psoitis; so are *Rhus t.* and *Nux v.*, whereas *Digit., Colocynth, Arg. fol., Plumb., Sil.*, are more adapted to the chronic form.

§ 172. *Gout Arthritis.*

Gout is supposed to originate in some peculiar dyscrasia, affecting the joints and synovial capsules. An attack of gout is almost always preceded by loss of appetite, flatulence, pressure in the region of the stomach, heaviness and tension in the abdomen, rumbling in the bowels, turbid and slimy urine, slimy coating on the tongue, sluggish alvine evacuations or slimy stools, discharges of mucus from various parts of the body, lungs, bladder, rectum, etc. A sensation of coldness, drawing numbness, stiffness, creeping heaviness and heat is generally experienced in the parts some time previous to the attacks setting in. Malaise, lowness of spirits, hypochondriac symptoms generally co-exist with the other precursory symptoms. These precursory symptoms seldom exist all together, and are frequently designated by the term "atonic gout." It is not always easy to designate the precursory symp-

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toms of gout, inasmuch as similar symptoms may arise from other sources. We are somewhat sure of the arthritic character of those symptoms if the patients are born of arthritic parents, if they are visited now and then by arthritic pains, if the pains are relieved by sweat, if a calcareous sediment is deposited in the urine, if season, weather and temperature of the atmosphere have a great influence on the disease. A characteristic symptom of latent gout is numbness at a certain spot on the skin, or the sensation as if wool or fur were lying on the skin.

Symptoms of fully-developed acute arthritis are: pain now in one, then in another joint of the extremities; it comes on suddenly, is gnawing, boring, cutting, and then changes to a violent tearing and burning, with great sensitiveness of the affected parts, so that they bear neither covering nor contact. This pain exacerbates and remits regularly with the fever, is most violent at night, makes the patient wakeful and uneasy. The joint cannot be bent or moved on account of the pain, which is relieved by warmth, and is disposed to shift to other joints or internal organs, with more or less danger. The affected part does not become red till the pain has lasted several hours; the redness is attended with heat and a tight hard swelling, of the colour and consistence of erysipelas, and readily transformed into arthritic nodosities with calcareous concretions. The accompanying fever has generally an erethic character. It sets in at the same time as the local inflammation, and is generally attended with flatulence, acidity, accumulation of mucus, apepsia, constipation, scanty, turbid, cloudy urine and dry skin.

§ 173. Genuine acute gout is distinguished by regular paroxysms which are accompanied with fever, and terminate critically; they occur generally at the equinoctial periods, and are succeeded by perfect relief, lasting more or less time. These paroxysms have the character and run the course of an inflammatory fever. They last from three to four weeks, with disposition to relapses, each paroxysm being characterized by increase, acme of development, decrease, and terminate

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with critical sweat which generally smells sour, and a thick, white, calcareous and sometimes reddish sediment in the urine. Gout may affect various parts of the body, and is apt to shift to internal organs. Chronic gout arises most frequently from the frequent recurrence of an acute attack, and results in the formation of arthritic nodes, calcareous concretions, which form around the joints, impeding motion or rendering it impossible, and sometimes in actual exostosis.

Gout affects principally males, with strong, plethoric constitutions, fond of rich food, excesses in venery, spirituous drinks, and leading a sedentary life. This disease is hereditary, and may moreover arise from exposure to a damp, cold atmosphere, damp habitations, suppression of habitual discharges of blood, such as piles and menses, suppressed or mismanaged cutaneous eruptions, particularly from suppression of itch and syphilis.

§ 174. Gout is more easily cured in the precursory stage than when fully developed. When arising from rich living, abuse of coffee, wine and spirits, mental exertions, watching and sedentary mode of life, *Nux v.* is the best remedy. When caused by venereal excesses, onanism, *China, Acid Phosph., Phosphor., Conium, Sepia and Staphysagria* should be used. In other cases, *Bryonia, Pulsat., Ignat., Chamom., Bellad.,* or some one of the remedies mentioned for gastric affections, will prove useful. (See § 44, etc.)

If the local affection should be accompanied with synochal fever, *Aconite* should be used first. *Ferrum* proves curative when several parts are affected at once, when the violent stinging and tearing obliges the patient to move the parts constantly, and when the patient has a pale, consumptive complexion. If there should be evening exacerbations, or if the pains should be diminished by uncovering the part and exposing it to a current of cool air, *Pulsatilla* is the best remedy. It is a specific remedy when the symptoms shift suddenly from one place to another, or when the knee is inflamed, with fleeting drawing, darting pains. *Cocculus* is sometimes useful in arthritis inflamma-

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tion of the knee, or in hot swelling of the hands; likewise for a tearing, sticking pain in the shoulder and elbow-joints, as if broken, with sensation of heaviness, aggravation during rest, and diminution when moving the affected parts. *Sabina* is likewise an excellent remedy for wandering gout, with tearing, sticking pains in the distended joints, with feeling of lameness, general malaise, and disappearance of the pains by exposure of the affected parts to cool air. If the exacerbation should set in in the morning hours, *Nux v.* is indicated. *Bryonia* corresponds to attacks of gout which are excited by motion. If the local affection should be accompanied with erysipelatous swelling, *Bellad.* is frequently the most suitable remedy. Beside these remedies we have *Arnica*, *Rhus t.*, *China*, *Dulc.*, *Dig.*, *Conium mac.*, *Aurum*, *Spong.*, *Tinct. acris*, *Mercur.*, *Antim. cr.*, *Staphys.*, *Stann.*, *Stram.*, *Guajac.*, *Arsen.*, *Sarsap.*, *Rhodod.*, *Chelid.*, *Sulph.* *Calc. acet.* is useful for little relapses, which are apt to set in at every change of weather. *Antim. cr.* will prove useful when nausea, vomiting, coated tongue, flatulence, diarrhœa, etc., continue in spite of the local affection.

I know from experience that *China* and *Arnica* are two of the principal remedies for gout; *China* for swelling of the knee and foot and aggravation of the pain by contact; and *Arnica* for inflammatory, or rather erysipelatous swelling of the joints, with sensation of great uneasiness in the parts, obliging one to move them constantly, and sensation as if they were lying too hard: the patient looks pale and livid. *Arnica* is likewise useful in erratic gout.

In arthritic panaritia and swelling of the joints of the fingers, *Mercurius* and the south pole of the magnet deserve particular attention. For nodous gout, when another acute paroxysm sets in, *Staphysagria* is very useful. *Bryonia* is excellent in arthritic swelling of the foot, with redness and heat of the affected parts. *Ledum*, *Arnica*, *Sabina* and *Veratrum* are particularly suitable for podagra, when the big toe is affected. *Arnica* is the best remedy for an arthritic, numb pain in the joint of the big toe, as if sprained, and attended

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with redness; also for an indescribable pain in the affected foot, as if from internal uneasiness, as if the part were lying too hard, obliging one to move the part to and fro.

Sulphur, second, third, or fourth trituration, is excellent for swelling, redness, heat, pain of the affected part, particularly violent in bed. In podagra, *Sulphur* sometimes relieves the most acute pain in a few hours. When the pain in the ball of the big toe had been excited by friction or pressure of the boot, *Arnica* is the best remedy. Some propose to use a very high dilution of Arnica for that kind of pain, and if some rigidity of the knee-joint should remain, to remove it with *Colocynth* and *Graphites*.

Rhododendron is frequently useful after the inflammatory symptoms have been removed by Aconite, Arnica, Sulphur, etc.

Causticum has been employed for nodous gout, or gouty concretions, with apparent anchylosis.

The affected part should be wrapt in flannel, oil-silk, or new wool, to promote perspiration.

§ 175. Gout is sometimes complicated with various symptoms indicating a disturbance of the reproductive functions. Sometimes the arthritic affection shifts to other organs, causing,

(1.) Ophthalmitis arthritica, which is recognised by the fact that it appears simultaneously with or after the sudden disappearance of arthritic pains. Its symptoms are, a dark redness of the opthalmic arteries, stinging, pressure, photophobia, and lachrymation. It generally affects the cornea, which is dim and exquisitely painful. This kind of ophthalmitis is disposed to terminate in internal exudations and suppuration, causing perforations in the cornea, and resulting in staphyloma, leucoma, prolapsus iridis, etc.

The remedies for this disease are various: they are, *Acon.*, *Bellad.*, *Nux v.*, *Puls.*, *Antim. cr.*, *Chamom.*, *Dig.*, *Cann.*, *Rhus t.*, *Mercur.*, *Veratr.*, *Euphras.*, *Crocus*, *Colocynth*, *Spig.*, *Hep. s.*, *Calc. c.*, *Phosphorus*, *Silic.*, *Caust.*, etc. We shall refer to this disease in treating of inflammation of the eye.

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(2.) Inflammation of other organs, gastritis, hepatitis, nephritis, encephalitis, etc., which require to be treated in the manner indicated in their respective chapters.

(3.) Metastasis and metaschematismus to other organs, such as obstinate constipation, cardialgia, induration of the stomach, chronic vomiting, to be treated with *Nux v.*, *Bryo.*, *Veratr.*, *Staphys.*, *Cocc.*, *Bell.*, *Puls.*, *Tart. emet.*, *Ipec.*, *Ars.*, *Lyc.*, *Natr. mur.*, etc.

§ 176. *Ischias, coxalgia, coxagra.*

This is a pain in the region of the hip-joint, which frequently extends down to the foot. The pain sometimes is very great, impedes the motion of the foot, induces rigidity, contraction, and, by continually disturbing the nightly rest, general marasmus and consumption.

By coxagra (coxarthrocace) we understand an inflammatory affection of the hip-joint itself, painful when pressing the foot to the floor or moving it, but not felt during rest. It is distinguished from ischias by this last characteristic, by the pain extending along the anterior surface of the thigh, (whereas in ischias it extends along the external surface,) and by the subsequent elongation of the foot.

This affection is not always arthritic; it has more frequently a rheumatic origin, following the ischiatic nerve, (in whose neurilema exudations are discovered after death;) or it is an affection of the joint, which may in a few days assume an inflammatory character, and speedily terminate in exudation, suppuration in the joint, dislocation of the head of the femur, elongation of the limb. This affection may likewise result from psora, scrofula, and various metastatic processes, particularly in children, where it frequently occurs in the form of spontaneous limping, (claudicatio spontanea.)

§ 177. *Aconite* is to be given first when there is synochal fever, to be followed by *Mercury* when the patient is obliged to limp, (claudicatio spontanea,) unless *Bell.* or *Sulph.* should be more particularly indicated. Mercury is particularly suitable when the

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affection sets in very suddenly, in children. When there are evening or night exacerbations, give *Puls.* If there be urinary difficulties, use *Cantharides. Bell., Rhus t., Nux v., Ars., Nitr. ac., Phosph., Graph., Sepia,* are useful in this affection; *Sil., Staphys., Mercur., Hep. s., Natr. mur.,* are to be employed when symptoms of suppuration should be present.

§ 178. Another form of arthritis is the so-called nervous ischias, (ischias nervosa Cotunni, neuralgia ischiadica,) a very painful disease, which is seated in the ischiadic and crural nerves. This affection is never attended with fever or suppuration. At first the pain is continuous, then it intermits and returns again with renewed violence, is disposed to exacerbate in the evening, so that the patient has to leave his bed, and is attacked with a violent cramp in the affected side. We distinguish,

(*a.*) Ischias nervosa postica, which is the most common form of the disease. There is a seated pain in the hip, particularly behind the trochanter major, extending upwards to the os sacrum, and the third, fourth, and fifth vertebræ, and downwards along the outer side of the thigh as far as the bend of the knee, and sometimes even beyond the head of the fibula; anteriorly it descends along the spine of the tibia and disappears in front of the outer malleolus in the dorsum of the foot. This shows that the pain follows the course of the great ischiatic nerve.

(*b.*) Ischias nervosa antica, which is less frequent and painful. The pain is seated in the anterior portion of the hip, towards the groin, and extends along the course of the crural nerve, down the inner side of the thigh and calf.

If the pain should last long, a sort of paralysis, atrophy of the limb, limping, and contraction, may be the result.

§ 179. Beside the remedies indicated for arthritic affections, the following remedies are recommended for that affection: *Nux. v., Puls., Chamom., China, Bryon., Bellad., Mercur., Rhus t., Colocynthis, Canthar.,* and *Arsenic.* the latter particularly when the pain ex-

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acerbates after dinner, or is burning. In this case, *Carbo veg.*, *Lycop.*, *Calc. c.*, *Petrol.*, and *Zinc.*, may likewise prove useful. It is difficult to point out a certain remedy for the particular forms of this pain. The physician has to be guided by the kind of pain, the time when the pain appears, intermits, or exacerbates, by the individuality, character, constitution, etc., of the patient. I have cured one case of ischias by *Chamom.*, which I selected because the pain became intolerable a quarter of an hour after the patient had been in bed.

§ 180. *Glossitis, Inflammation of the tongue.*

Glossitis is an excessively painful disease. It appears suddenly and runs a very rapid course. It is attended with great anguish. The tongue is swollen, dark-red, rather hard, painful, attended with heat and pain, particularly on moving the tongue, great difficulty of deglutition, or even inability to swallow, with danger of suffocation. The swollen tongue sometimes fills the whole mouth. Accessory symptoms are: red and bloated or pale face, headache, fever, bad taste, constant hawking and coughing.

Glossitis may be occasioned by colds, suppression of bloody discharges or sweat, diseases of adjoining organs, rheumatism, catarrh, angina faucium, ulcers in the mouth, aphthæ, salivation, syphilitic ulcers, mechanical injuries by burns, poisons, penetration of foreign bodies, contusions, bites, etc.

With proper homœopathic treatment this inflammation is easily dispersed, sometimes in a few hours. In one case I saw partial induration remaining, in consequence of friction against a point inserted between two teeth; this having been removed, the induration soon subsided, with proper medicines.

§ 181. Although this species of inflammation is frequently attended with synochal fever, yet Aconite will be seldom found sufficient to remove the local inflammation. The specific remedy for glossitis is *Mercurius*, lower trituration.

If glossitis should depend upon inflammation of the adjoining parts, *Mercurius* will sometimes be found

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useful, although *Belladonna* is more frequently indicated. If it should be occasioned by aphthæ, *Acid. sulph.*, *Sulph.*, *Arsenicum*, *Borax*, *Bellad.* and *Mercurius*, will prove useful. If depending upon ulcers in the buccal cavity, it is important to ascertain the nature of those ulcers, in order to be able to determine whether one of the aforesaid remedies, or *Acid. nitr.*, *Hep. sulph.*, *Dulc.*, *Sulph.*, *Nux v.*, *Aurum*, or some other remedy, is to be used. Glossitis arising from contusion, points to *Conium.*

For subsequent induration, I have used *Conium*, *Mercur.*, *Acid nitr.*, *Bellad.*, *Arsen.*; *Lycop.*, *Silic.* and *Carb. an.* are likewise useful.

§ 182. *Inflammation of the fauces, angina, cynanche, pharyngitis.*

By angina faucium, we understand an inflammatory affection of the various parts composing the palate and fauces, velum pendulum palati, soft palate, tonsils, uvula, mucous membrane, and muscles of the posterior wall of the fauces. These parts are at times affected singly, at others, all at the same time. We distinguish hyperoitis (inflammation of the soft palate and velum pendulum palati); amygdalitis or angina tonsillaris (inflammation of the tonsils); staphylitis (inflammation of the uvula); pharyngitis superior et inferior (inflammation of the upper and lower part of the mucous membrane of the fauces.)

To ascertain the seat of the inflammation, the patient should open his mouth, after which the palate and fauces are examined by depressing the tongue with a spatula, or the handle of a spoon. If the articulations of the jaws should be swollen, or in infants and awkward patients, such an examination is frequently impossible, in which case the physician has to be guided by the external phenomena.

§ 183. The symptoms which are the usual characteristics of inflammation, are here likewise present: redness, heat, dryness, swelling and pain of the affected parts; difficulty of swallowing, the pain is increased by swallowing, and yet there is a constant desire to swallow; on swallowing food, it sometimes

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returns by the mouth; solid food is sometimes swallowed with more ease than liquid. There is a constant accumulation of tenacious mucus in the posterior part of the mouth, with constant desire to hawk it up. The patient finds it difficult to talk or breathe, he breathes with his mouth open. In a high degree of angina the jugular veins swell, the face becomes purple-coloured and livid, there is headache and delirium. The inflammation is generally attended with bad taste, and fetid breath, even with desire to vomit and ptyalism.

The organism is generally disturbed in most cases; the general symptoms preceding the local affection for some days. The patients complain of weariness, pain in the limbs, chilliness, heat, headache, fever. This is a synocha, when the inflammation has a phlegmonous character, and depends greatly upon the constitution of the patient, the exciting cause, etc.

In tonsilitis, the mucous membrane exhibits a more or less vivid redness, or red spots, is swollen, dry, or covered with a pappy, gray, white, yellow mucus, which extends to the tongue. One tonsil is generally inflamed first, the left sooner, and more violently than the right.

If the uvula be inflamed, it is likewise more or less swollen, red, elongated, the point generally resting on the root of the tongue.

We have no particular remarks to make on pharyngitis mucosa.

§ 184. Such an angina generally disperses in from five to fourteen days, with decrease of all the general and local symptoms. If the cellular tissue of the tonsils should be the seat of the inflammation, it readily terminates in suppuration; in this case the swelling, and the difficulty of breathing and swallowing increase, and it is frequently impossible to open the jaws; in many cases the pus discharges suddenly in hawking, coughing, etc., with immediate relief. Ulceration and gangrenous degeneration, only take place in individuals with syphilitic, scorbutic, scrophulous, etc., dyscrasias. Induration and hypertrophy

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result from chronic angina, which had developed itself in consequence of frequent relapses.

A predisposition for such inflammations exists in young people, in persons who had been attacked with angina, in scrofulous subjects, and in individuals of feeble and sickly constitutions. Exciting causes are: a cold, getting wet, exposure to wind, cold drinking when the body is heated, unfavourable state of the weather, cold north and east winds. Angina may result from wounding the throat by mechanical or chemical substances, from inhaling acrid substances, from aphthæ, syphilitic ulcers, and abuse of Mercury.

§ 185. The principal remedies for angina faucium are: *Acon.*, *Bellad.*, *Merc. sol.*, *Merc. subl.*, *Hep. sulp.*, *Rhus t.*, *Bryon.*, *Ignat.*, *Chamom.*, *Puls.*, *Cocc.*, *Arg.*, *Caps. an.*, *Nux vom.*, *Ars.*, *Sulph.*, *Acid. nit.*, *Acid. phosph.*, *Baryt*, etc.

Angina faucium most frequently involves the root of the tongue, the soft palate and the pillars, the uvula, tonsils, and the mucous membrane of the fauces, either singly or all together. The most frequent kind of angina, is an angina tonsillaris and uvularis. The patient is troubled with a constant accumulation of saliva, inducing constant and painful efforts to swallow or hawk. When this inflammation is accompanied with synochal fever, and congestion of the blood to the head, *Aconite* is the suitable specific.

Chamomilla will prove useful in some mild cases of angina tonsillaris and pharyngea characterized by a burning, stinging pain in the region of the larynx, and attended with roughness of the voice, some tightness of the chest, titillation and hacking cough; the tonsils and submaxillary glands are sometimes involved.

Belladonna is indicated by the following symptoms: bright, phlegmonous redness of the soft palate, velum pendulum palati, root of the tongue, uvula and tonsils, without much swelling; dryness of the fauces, stinging pain during deglutition, which is difficult and frequently attended with a sensation as if the fauces were spasmodically constricted; between the acts of

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deglutition a tearing pain is frequently experienced, extending to the temple and jaw, and particularly the submaxillary gland, which is frequently swollen. Aconite should be given first if there be synochal fever. Rummel states that *Bellad.* and *Dulc.* act most rapidly in angina if a dose of *Merc.* is given previous to or in alternation with those remedies. *Dulc.* is more suitable to the pituitous stage.

Belladonna is likewise suitable for angina, which is attended with swelling of the neck, impeding the motion of those parts.

Pulsatilla corresponds to the group of symptoms for which Belladonna is indicated, when, instead of the bright redness, the parts exhibit a dark redness, with varicose distention of the vessels. The patients generally experience a shivering towards evening, mixed with flushes of heat; they feel a scraping and roughness in the throat, with dryness or burning; they feel as if the fauces were swollen; empty deglutition is painful, attended with stinging and pressure. They frequently experience a darting, tearing pain in the neck and stinging pain in the ear. The symptoms are worse towards evening; the night is restless, sleep is disturbed by frightful dreams, the pains abate on the breaking out of sweat.

Ignatia is indicated by stinging in the throat between the acts of deglution, sensation during deglutition as if the food were passing over a bone, with cracking noise. The sensation of a lump in the throat is experienced only between the acts of swallowing. Ignatia is scarcely ever indicated when the stinging is experienced only during deglutition, but in most cases when a stinging is felt between the acts of deglutition, or when it passes off after continued swallowing. The fauces are inflamed and red, the tonsils swollen and inflamed, and covered with little ulcers.

Ignatia is likewise indicated by soreness during deglutition, or by the sensation of a lump in the throat, which feels sore when swallowing.

Nux vom. is indicated by stinging in the uvula and the submaxillary glands during deglutition, with swell-

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ing of the uvula, occasioning a sensation of a lump in the throat. *Nux v.* is likewise indicated by pressure in the throat as from a swelling, which is only felt when swallowing saliva, not when swallowing food or drink; or by a scraping and sore feeling in the fauces and larynx, inducing constant hawking. *Natrum sulph.* and *Nitrum* may prove suitable for those symptoms.

Mercurius is a specific for angina when the inner mouth and fauces, tonsils, uvula, velum palati, root of the tongue, gums, inner cheeks are inflamed and swollen, impeding deglutition and speech. If the salivary glands should be involved, the patient frequently spits up a tenacious saliva. Hahnemann was in the habit of using the first trituration of *Merc. sol.* for the cure of those kinds of angina. This remedy is frequently suitable in anginas accompanying purpura miliaria. *Belladonna* is sometimes suitable after Mercury to hasten the cure.

§186. *Stomacace.*

The local affection is almost always preceded by languor, ill-humour, loss of appetite, with gastric symptoms and fever. At first the anterior portion of the mouth is affected, gradually the uvula, tonsils and fauces are involved. The disease generally commences with burning heat, redness, swelling and great sensitiveness about the gums, inner lips and cheeks, tongue and palate, with intolerable, cadaverous smell from the mouth, painful swelling of the glands of the throat, copious discharge of tenacious, fetid mucus or saliva; the gums are spongy, swollen, recede from the teeth, the teeth are painful, covered with sordes, frequently loose and fall out; mastication, deglutition, talking and breathing are very much impeded. Flat, painful, obstinate, spreading ulcers make their appearance, with lardaceous or spongy base, and soft, slightly elevated, inflamed, unequal edges. The cavity of the nose is sometimes involved, the mucous membrane is thickened with copious secretion of offensive and fetid mucus; the nasal and palate bones are likewise sometimes af-

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fected. Aphthæ sometimes make their appearance in the inner mouth, in one or the other form of angina.

For this kind of stomacace *Merc sol.* is the best remedy ; and if the aphthæ, ulcers and ptyalism should be very violent, *Merc. subl.* is preferable to Merc. sol. I have sometimes given *Dulc.* when those symptoms arose from a cold. *Iod.*, *Acid. nitr.* and *Phosph.* are important remedies for this affection. When symptoms of humid gangrene set in, (angina gangrenosa,) *China* should be given ; but when the glands of the throat show symptoms of gangrene, *Arsenic*, or perhaps *Acid. mur.*, *Carb. veg.*, *Baryt.*, *Graph.*, etc., will be found very useful.

There are cases of stomacace where *Nux v.* is to be given ; these are doubtful cases, and may be termed—

§ 187. *Angina maligna, gangrænosa, putrida, diphterica.*

This disease is frequently attended with violent typhoid symptoms of the whole organism, affects the mucous membrane of the fauces, and frequently that of the larynx, at first forming circumscribed, afterwards confluent, whitish or grayish pseudo-membranous scurfs on the tonsils, uvula, palate, root of the tongue ; they frequently turn black, occasion a fetid smell from the mouth, with discharge of patches, and often spread to the larynx, terminating fatally. This kind of angina is a disease of a peculiar kind, commencing with apparently slight symptoms, and becoming more dangerous as it develops itself.

The disease is frequently attended with a kind of eruptive fever, consisting of general malaise, chilliness, flushes of heat, restlessness, peevishness, with heat on the third day, pain, roughness of the throat, difficulty of swallowing, dots or spots of livid, purple, or at all events not very bright redness, considerable swelling of the cervical glands, bloated face, lachrymation. In a few days the red spots change to the above named white or ash-gray lardaceous spots, which rapidly multiply and run into each other, and consist of a pulpous, cheesy, thick substance, exuding from the

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livid or dark-red mucous membrane, from which it can be drawn off. The affection spreads to the Schneiderian membrane as well as to the œsophagus and larynx; in the latter case the affection resembles an angina polyposa.

The patient recovers in from 7 to 20 days. This angina is generally epidemic and contagious, or sets in by metastasis in epidemic scarlatina, generally affects feeble, scrofulous children, and is most frequent in the fall and in damp weather. Whether a metastatic or primary disease, it always sets in suddenly after deceitful precursory symptoms.

§ 188. *Nux* is most suitable for this kind of angina. *Belladonna* will be found serviceable when the inner parts of the mouth and fauces, and particularly the edges of the tongue, exhibit a bright, vivid, less dark, livid redness. *Acidum sulph.* is another useful remedy in this affection; the spots which characterize angina gangrænosa, resemble those which mineral acids occasion in the mucous membrane. *Secale corn.* and *Kreasotum* are likewise suitable. If the disease should extend to the larynx, it takes the form of an angina polyposa, and should be treated with *Spongia, Iodium, Hep. sulph.* Other remedies are *Sulphur, Mang. acet.* and *Sepia.* Mercurius should never be employed in angina maligna.

§ 189. *Angina mercurialis, stomatitis mercurialis.*

It was a mistake to consider ptyalism the essential feature of this disease, and the salivary glands as its seat. Hydrargyrosis causes a peculiar kind of stomatitis, which develops itself gradually. At first there is a sensation of heat, burning, increased thirst and metallic taste in the mouth, with accumulation of tenacious mucus and a peculiar smell of the breath. The mucous membrane of the mouth is interstitially distended, pale or livid, seldom red; the gums are swollen and recede from the teeth; the border of the gums and other parts of the mouth are covered by a yellow, cheesy matter; the tongue is swollen and covered with thick mucus. Everything which is

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taken into the mouth causes a violent pain. The ptyalism is frequently very profuse, and prevents sleep by inducing constant coughing, with increased swelling of all the inner parts. At first the mucous membrane which is covered by the pseudo-membrane is a little red, afterwards low, dingy-looking ulcers with irregular edges make their appearance, particularly on the gums and edges of the tongue, showing distinctly the impression of the teeth. The teeth become loose and fall out. Talking, chewing, swallowing is impeded; there is fever, and the symptoms are disposed to run into consumption.

Terminations: recovery frequently very slow; sometimes the ulceration terminates in gangrene; destruction of the alveolæ and jaws, necrosis, hæmorrhage, etc.

Mercurial angina cannot occur under homœopathic treatment.

§ 190. The most frequently indicated remedies are, *Bellad.*, *Hep. s.*, *Nitri acidum*, *Dulc.*, *Aurum*, *China*, *Iodium*, *Mezereum*, *Asa*, *Carb. veg.*, *Sulphur*, *Acid. phosph.*, and some others.

The best remedy, when the nose is likewise involved, is *Aurum*, 1st, 2d or 3d trituration. If the nose should not be much affected, it is proper to commence the treatment with a dose of *Hep. sulph.*, second trituration; or if the patient should feel very much prostrated, with *China*, or, according to circumstances, with *Bell.*, *Dulc.*, *Arsenic.* Sometimes a small dose of homœopathic mercury, or some other homœopathic mercurial preparation, may prove very useful, particularly *Mercurius bijodatus* (*Biniodide of Mercury*). *Tart. emet.*, one grain in four ounces of water, half a tablesponful every two hours, is one of the principal remedies for the salivation, which is frequently of long continuance.

§ 191. *Angina pharyngea, pharyngitis.*

This inflammation is generally a part of angina faucium. The swelling and redness are invisible except when the inflammation is seated high up. The stylohyoidei, styloglossi, mylohyoidei, hyoglossi, stylopharyngei muscles, and the constrictor muscles of the

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pharynx, are affected; deglutition is very painful, and more or less impeded on account of the dryness of the parts; the food frequently returns by the nose, and deglutition frequently occasions a violent and spasmodic cough. This disease is in many cases a sequel of angina faucium. The inflammation existing in hydrophobia is similar to angina pharyngea.

Besides *Aconite*, we have the following remedies for this inflammation: *Bell.*, *Hyoscyam.* and *Stram.*, when deglutition is impeded by spasm; *Bell.*, *Merc.* and *Canthar.* when the difficulty of deglutition is occasioned by inflammation. If the patient feel as if the food were passing over a lump, over a rough, sore, burning body, *Ignat.*, *Pulsat.*, *Nux v.*, *Mercur.*, *Arsenic* and *Carbo veg.* are indicated. *Nux vom.* is particularly indicated when the disease is occasioned by an acrid state of the stomach, occasioning the rising of a burning, corroding fluid in the throat, which frequently causes an inflammatory condition of the pharynx.

§ 192. *Œsophagitis, angina œsophagea, dysphagia inflammatoria.*

The inflammation cannot be seen in the throat. In the region where the inflammation is seated, behind the trachea and between the shoulder blades, along the spine, the patient experiences a seated, burning, aching-stinging pain. The food passes with great difficulty and pain, its passage causing at times a violent spasm, with retching, discharge of food and drink by the nose and mouth, inclination to vomit, discharge of tenacious mucus by the mouth, singultus attended with feeling of anguish, distorted and pale face, small and contracted pulse. The patient is tormented with thirst, but the patients are prevented from quenching it by the pain which swallowing causes. There is generally little fever. Cerebral symptoms, congestion of the brain, convulsions may set in as consensual symptoms.

Œsophagitis is exceedingly rare and generally traumatic, occasioned by some mechanical or chemical cause.

§ 193. If the inflammation should have been caused

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by foreign bodies, they have to be removed, after which mucilaginous and oleaginous things, such as small quantities of lukewarm milk, should be given. If deglutition should be impossible, the thirst has to be quenched by taking small pieces of ice into the mouth, or by applying humid fomentations around the neck, etc.

The principal remedies for œsophagitis are : *Arnica*, *Rhus t.*, *Cocc.*, *Sabad.*, *Bellad.*, *Arsen.*, *Mercur.*, *Secale*, *Mezer.*, *Lauroc.*, *Carb. veg.*, and some others.

I have frequently removed the disposition for the frequent recurrence of angina by the third or sixth trituration of *Merc. sol.* Others have done this by means of *Sepia*. *Baryta mur.* and *Graphites* are other excellent remedies for angina when coming on after a cold, with disposition to ulcerate.

§ 194. *Laryngitis*, *tracheitis*, and *bronchitis acuta*, (angina pectoris.)

Although the seat of these inflammations is different, yet their symptoms are pretty much alike. In laryngitis, the pain extends over the whole larynx, is increased by contact, deglutition, talking, cough, is attended with a sensation of tightness, and is of a stinging and burning nature. In tracheitis the pain extends along the whole throat, as far as the handle of the sternum; in bronchitis the pain extends to the middle of the sternum. These three inflammations vary from the catarrhal to the most acute form.

The catarrhal form of this disease is characterized by a titillating sensation in the larynx, hoarseness, short and hacking cough, at first attended with expectoration of a small quantity of transparent, tenacious mucus, followed by the easy hawking up of a larger quantity of globular, green, purulent matter, and with oppression of breathing and slight fever. This catarrh is almost always accompanied with coryza and catarrh of the fauces, causing but little suffering. The acute inflammation sometimes sets in without any previous catarrhal symptoms. The cough is at first dry, painful, fatiguing; it has a peculiar barking, rough, me-

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tallic sound, and is attended with expectoration of tenacious, blood-streaked mucus. The voice becomes sonorous, hissing, and is finally entirely suppressed, particularly in tracheitis and laryngitis. In laryngitis the cough is more superficial, without involving the thorax or diaphragm; in tracheitis and bronchitis it proceeds from the lower parts of the chest, and has a more metallic sound. Respiration is more or less difficult, the inspirations are attended with a distinct whizzing in the larynx; the shortness and oppression of breathing are most violent in bronchitis, and may even increase to suffocation; the respiration, voice, and cough assume a croupy form, with an expression of excessive anguish in the face. The stethoscope does not reveal any symptoms of pneumonia.

The fever is either erethic or synochal. In the latter case the pulse is frequent, hard, and full, the skin glowing, thirst violent, the fever continuous; in the former case all these phenomena are less violent and characterized by complete intermissions.

§ 195. Causes: these inflammations occur among either sex, and at every age; they are most frequent among young people and such as have frequently suffered with catarrh. They occur most frequently by the action of cold air upon the bare neck when the skin is covered with sweat, sudden passage from warm into cold air, walking or running against the wind; in some cases these inflammations are the sequel of a catarrh or whooping-cough. Laryngitis often arises from exerting the larynx too much, and is frequently met among preachers, singers, actors, etc.; it is furthermore caused by injuries of the larynx, inhalation of dust, irritating vapours, etc. An angina faucium sometimes leads to laryngitis. General diseases, such as measles, scarlatina, small-pox, syphilis, tuberculosis, etc., sometimes localize themselves in those organs.

The disease lasts from several days to three or four weeks, except in a few cases where it becomes chronic.

§ 196. It is sometimes very difficult to select the proper specific for this disease. If the cough be dry,

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or if the hawking up of mucus be extremely difficult, *Bell.*, *Bryon.*, *Chamom.*, *Cina*, *Ignat.*, *Nux v.*, *Merc.*, *Phosph.*, *Sulph.*, etc., will have to be selected.* *Nux v.* is most suitable when the cough is rough and dry, or caused by scraping and titillation in the throat, (in which case *Veratrum* is excellent, provided the other symptoms correspond;) when the cough is most violent in the evening or morning, and disturbs the patient's rest all night; when the cough is attended with headache, as if the skull would burst. *Nux v.* is likewise suitable when the racking cough is attended with a bruised feeling in the umbilical region, which is likewise painful to the touch. *Chamomilla* should be employed for similar symptoms, when the cough is most violent at night. When the cough comes on at night only, it is either removed or at any rate relieved by *Hyoscyamus*. For short cough accompanied with fluent coryza, becoming spasmodic after continuing for some time, and occurring equally at any time of the day, *Euphrasia* or *Ignatia* are recommendable, according as either remedy is indicated by the other symptoms. If the cough should get worse in the cold air and be less in a warm temperature, if it should exacerbate in the evening and continue so the whole night, *Rhus t.* is indicated, and for the latter symptom alone, *Capsicum*. *Sulphur* should be given if the hoarseness is very great and the cough is worse in the evening and on lying down. In catarrh the selection of a remedy sometimes depends upon apparently trivial symptoms.

§ 197. If the inflammatory irritation should be characterized by fever, oppressed respiration, hoarseness and croupy cough, *Aconite* is to be employed. After the diminution of the fever, the remaining cough, which is sometimes accompanied with a sort of spasm in the larynx, and results in retching or vomiting of mucus, should be combatted by *Nux v.*, *Ipec.*, *Puls.*, *Bell.*, *Merc.*, *Dros.*, *Spong.*, *Iodium*, *Bryonia*, *Hyoscyamus*, *Cina*, *Lictuca vir.*, and particularly *Conium* and *Ipec.* in repeated doses, will be found useful when the

* *Aconite* is not to be omitted.—*Hempel.*

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cough is a simple irritability or spasmodic cough, without retching.

§ 198. Bronchitis is very frequent, and occurs particularly among children. It generally comes on suddenly, without any precursory catarrhal symptoms. The pain is seated in the upper part of the thorax below the neck. It is a feeling of pain spread over a large surface, a constriction, pressure and various other unpleasant sensations, which are not seated or emanate from a single spot. The patient is able to lie in any situation, except that the trunk has to be kept bent over. The breathing is hurried, painful, irregular, and becomes more and more troublesome; it is frequently characterized by a peculiar kind of rattling, or fermenting in the chest; sometimes by a wheezing or whiffing noise, without croup-sound. The cough has no particular sound; sometimes it sounds loose, as if the patient would expectorate at every turn of cough; the expectoration is scanty, affording little or no relief. Bronchitis is unattended with hoarseness, without any particular roughness of voice, without any sensation of pain or obstacle in the larynx, without any striking paroxysms. Bronchitis may be distinguished from laryngitis and tracheitis, and from pneumonia, by the excessive fever, by the hurried breathing, which generally expresses the most frightful anguish, by the expression of anxiety and sadness in the face, by the pain being spread all through the chest. Particularly striking is the sudden debility, with small, quick and feeble pulse and copious expectoration, which is at last rendered impossible by the excessive debility.

The treatment should be commenced with *Aconite*. If after the abatement of the fever, local symptoms should still remain, with anxious and hurried breathing, *Ipec.* or *Samb.* are indicated; if the breathing should be wheezing, *Spongia, China, Chamomilla;* if there should be a sense of constriction during breathing, *Nux v., Veratr., Puls., Bellad.;* for general debility, with violent action of the pectoral muscles during an inspiration, give *Arsenic;* if the inspirations should

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evince a paralytic condition of the lungs, *Tart. emet.* is most suitable. A frequently-recurring tracheitis is most certainly removed by *Iodium* and *Phosph.* (which sometimes cures the affection from the commencement).* *Nitrum, Mang. carb., Carb. veg., Dig., Canth.,* and *Sulph.*, may likewise prove useful.

A so-called suffocative catarrh, is a condition of the thoracic organs, closely resembling the above-described inflammatory symptoms. This kind of catarrh is generally preceded by catarrhal symptoms, with coryza, which disappears spontaneously, without any definite cause. The first attack generally sets in at night. After the cough and coryza have disappeared, the patient ought to be well, but this is not the case; the patient is out of humour, feels oppressed, lazy, languid, he has flushes of heat, no appetite, but great desire to sleep. After going to sleep, towards midnight, the inspirations become more and more oppressed, rattling, attended with anxiety, tossing about, moaning, the patient is lying in a state of sopor, from which it is difficult to rouse him. Such catarrhs occur very frequently in individuals who have frequently been attacked with catarrhal affections and inflammation of the thoracic organs, and who have weak chests. *Arsenic* is a specific remedy for such suffocative catarrhs. When these suffocative catarrhs occur in children, in consequence of exposure to cold, they generally yield to *Chamomilla* or *Ipecacuanha*, after which a dose of *Bryonia* may be given. In some cases, *Sambucus* is the appropriate specific.

For the moist cough which sometimes remains after such an inflammation, and is attended with profuse expectoration, the following remedies will prove useful: *Puls., Dulc., Chamom., Bryon., Arn., Stann., Sepia, Lycop., Silic., Phosph., Graph., Natrum mur., Senega*, etc.

§ 199. *Croup, angina membranacea, polyposa, cynan-*

* This liability to inflammation of the respiratory organs, frequently arises from a constitutional nervous debility, and should be treated with the *tincture of Aconite*, even when there is no synochal fever. See my "Essay on the present condition of the Homœopathic School."—*Hempel.*

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che strenua, stridula, exsudatoria, laryngitis exsudatoria.

Croup is one of the most dangerous diseases of children, which appears only very seldom after the eighth year, and is more frequent among boys than girls. This disease has a distinct precursory stage. It generally commences as a simple catarrh or catarrhal fever, with coryza, cough, hoarseness, frequent sneezing, chilliness, heat, weariness, drowsiness, lachrymation, peevishness, heaviness in the head, etc. Hoarseness generally is a dangerous symptom among little children, particularly when attended with rough cough. These symptoms increase until the eighth day. Suddenly, generally at night, the children start out of their sleep with a feeling of anguish, occasioned by a sense of suffocation. This attack lasts more or less long, after which the children go to sleep again. After the lapse of from three to twenty-four hours, another attack takes place, with apparently slight symptoms, a little hoarseness, rough cough, oppression of breathing, and moderate but continuous fever. In many cases the children, though perfectly well the day previous, wake suddenly about midnight with pain in the larynx, sudden alteration of voice, panting, wheezing, respiration somewhat resembling the crowing of a little cock, or the braying of an ass, with considerable dyspnœa and violent fever. The noise during respiration is occasioned by the spasmodic constriction of the glottis, which does not admit of the air being expelled except by fits and starts and with great exertions. During this difficult breathing the face of the child turns red, the conjunctiva is injected, the pulse hard and full. All these symptoms sometimes appear to give way completely towards morning, but soon reappear with redoubled violence. The hoarse voice assumes a rough, shrill sound, and frequently passes from the highest pitch to the lowest bass. The croup-cough is violent, short, shrill, barking; afterwards it becomes crowing, hollow, and rough; at first dry, at a later period frequently moist, with expectoration of a tenacious, jelly-like, sometimes blood-mixed mucus;

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the cough comes on by paroxysms, and is excited by drinking, crying, talking, and deep inspirations. After such an attack is over, the children seem to be quite well, and even go to sleep quietly. The continuance of the feverish pulse, however, shows that this rest is only apparent. The breathing is anxious, hurried, by fits and starts; when the paroxysms of cough are very violent, the child is sometimes on the point of suffocating. The patient experiences more or less pain in the larynx or trachea, which is aggravated by contact. On looking into the mouth, the tonsils and fauces appear red, the epiglottis looks œdematous and swollen. Little by little the paroxysms of cough increase in violence; the breathing becomes more and more difficult, hissing, rattling, as if from a fluid in the trachea, the sawing respiration being heard even at a distance. The patients lie with their necks stretched, and sometimes grasp at them during the attack. The orthopnœa becomes excessive; at every inspiration the larynx descends towards the sternum, during an expiration it is raised towards the jaw. Under these circumstances, vomiting frequently sets in, with discharge of membranous, tubular masses. If the pulse become quick, small, thready, if the rattling breathing increase, and the breathing be effected by means of the abdominal muscles, if the face become bloated and blue, and the children bend their necks backwards, or sink into a sopor from which they are only roused by the paroxysms of cough, the danger of apoplexy is very near.

Croup is generally seated in the larynx; the tracheal croup is much less frequent, and the bronchial croup is distinguished from the other kinds by a rather stertorous than wheezing respiration, by an absence of distinct remissions, by constant dyspnœa, and by the rattling noise which is perceived all through the chest by means of the stethoscope.

§ 200. Etiology: Croup is more frequent in the north than south. In some families croup seems to be hereditary. It is sometimes occasioned by sudden exposure to cold, when the thoracic organs are

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heated by running, crying, etc. According to Schœnlein, croup may likewise arise by metastasis from whooping-cough, from a simple catarrhal affection, or it may be occasioned by the measle-contagium, which will lead, in some individuals, to the formation of croup, instead of developing the measle-eruption. Croup appears most frequently in the first part of spring and in the latter part of the fall. As an epidemic disease, it may occur in every season.

The prognosis depends upon the nature of the epidemic, upon the age and individuality of the patient, and particularly upon the periods when the physician is called to the patient. The prognosis is more unfavorable when there is considerable exudation with little expectoration; when symptoms of suffocation, nervous paroxysms, convulsions, coma, etc., have set in, there is scarcely any hope.

§ 201. When the disease is preceded by a catarrhal stage, the remedies indicated for a catarrhal fever, (see § 29, etc., and § 196,) may be employed. A keen observer will however perceive that this apparently simple catarrh is of a peculiar kind, that the cough is spasmodic, hollow, hoarse, attended with wheezing or rattling. In this case, the following remedies should be thought of: *Hyoscyam.*, *Bellad.*, *Cina*, *Chamom.*, *China.*, *Ipec.*, *Nux vom.*, *Puls.*, *Drosera.* If the cough should have the croup-sound, without inflammation or swelling being present, *Hepar sulph. c.* will prove very serviceable. In one case I have removed a metastatic cough with the croup-sound, by a few doses of *Cupr. met.*, second trituration; (the patient was a full-grown girl.)

If the disease should set in suddenly, with synochal fever and evident symptoms of inflammation of the larynx, *Aconite* should be employed in repeated doses, until the nervous and vascular irritation, the burning heat, thirst, the hurried breathing, are removed. Aconite is sometimes sufficient to cure the disease. If the wheezing, quick, anxious, difficult breathing, and a hollow, hissing cough, with pain in the region of the larynx, etc., should set in from the commencement,

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Spongia should be used immediately; in 24 hours the danger is generally over. If after this lapse of time, the cough should still have the peculiar croup-sound, the breathing should still be hissing, or if there should still be danger of suffocation, *Hepar s. c.* is then to be employed.

I have frequently cured croup with *Hepar sulph. c.*, without first giving *Aconite* or *Spongia*. The disease was then epidemic, and attacked, for the most part, scrofulous subjects. In some sporadic cases, where the membrane was already formed, a solution of *Iodine*, third attenuation, in alternation with the second attenuation of *Aconite*, giving three drops every half hour, the patients were cured slowly but certainly. *Iodine* always deserves consideration when scrofulous or leucophlegmatic individuals are attacked by the disease.

If the disease should not yield to the aforesaid remedies, or if the height of the paroxysm should be characterized by spasmodic symptoms, *Sambucus*, but more frequently *Moschus*, is of great use, and sometimes alters the character of the disease so as to render one of the other remedies available.

In some cases of croup, an obstinate hoarseness with slight catarrhal croup remains after the disease is cured. This hoarseness seems to arise from a lameness of external laryngeal, and its branch, the recurrens, and yields most frequently to *Phosphorus*.

Merc., *Hep. sulph.*, *Rhus t.*, *Drosera*, *Mangan.*, are sometimes of use for the last mentioned difficulty, but they scarcely ever do more than palliate the trouble. *Arnica* and *Belladonna* are much more available, or frequently and rapidly repeated doses of *Hepar s.*

Now-a-days most physicians treat croup with alternate doses of *Hepar s.* and *Spongia*.

§ 202. *Parotitis, Angina parotidea.*

Parotitis is generally preceded by a precursory stage; the patient feels languid, low-spirited, complains of pains in the limbs, sleeplessness, restlessness, loss of appetite, chills alternating with heat, drawing

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in the cervical muscles, headache, coryza, etc. In a few days the parotid glands begin to swell, after which the submaxillary and sublingual glands become involved. If the lymphatic glands of the neck should become involved, the neck grows as large as the head, and becomes quite stiff. The affected parts are hard and painful, but the pain is, generally speaking, slight, tensive, itching, aching. The motion of the jaws, mastication and deglutition, are impeded. The fever generally abates when the parotis commences to swell.

The precursory symptoms vary in violence; the fever may be slight or violent, attended with delirium, convulsions, vomiting, etc.; it has distinct intermissions and exacerbations. The swelling generally appears on one side first, and then shifts to the other; it is not very tight, the skin over it is not very red; there is not much heat in the swelling; sometimes it is attended with pain about the neck and scapulæ, or with pain in the ears. There are cases where the swelling disappears suddenly, and shifts to the testes, breasts, labia pudendi, ovaria, or to the meningeal membranes. Suppuration occurs very seldom, and then only when the inflammation had a phlegmonous character, or in parotitis typhosa or scarlatinosa. The termination in induration is likewise very rare. If the physician be called in time, and adopt proper measures, the disease generally ends favorably, except in very scrofulous subjects and in persons who have been frequently attacked with the disease.

§ 203. The disease appears both epidemically and endemically. Persons of either sex are liable to it, particularly at the age of pubescence.

§ 204. The principal remedies are *Rhus t.* and *Merc. sol. H.* The latter may be used in any stage of the disease, even when suppuration has already set in. When the disease is characterized by erysipelatous redness and swelling, *Bellad.* should be given. When typhoid symptoms set in, *Bellad.* and *Rhus. t.* are indicated, (see § 75, etc.) Some physicians recommend *Kali carb.*, when chilliness and heat alternate, the glands are highly inflamed, hard, painful to con-

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tact, and the hearing is diminished. If parotitis should set in, in conjunction with angina faucium, the remedies which have been indicated for the latter disease should be used. If lock-jaw should take place, *Rhus. t.*, *Hyoscyam.*, *Bryon.*, and electricity will remove it, particularly when the closing of the jaws arises from the swelling or the subsequent induration of the glands. *Conium*, *Dulc.*, *China*, *Bellad.*, *Cocc.*, *Ferr.*, *Baryt. acet.* or *carb.*, *Silicea*, are likewise suitable for that condition.

§ 205. *Inflammation of the nose.*

For erysipelatous inflammation of the external nose with swelling and burning pains, *Arnica*, *Belladonna*, *Rhus t.*, *Sulphur*, or *Silicea*, are the most suitable remedies.

In ozæna narium, which does not always depend upon syphilis, but sometimes arises from scrofula, a violent cold, or some general dyscrasia, the frontal sinuses and the antrum highmorianum are involved, first the mucous membrane and afterwards the periosteum and the bones (caries.) The nose becomes red and big, even the periosteum becomes thickened, and frequently induces such a swelling of the nose as makes it impossible to breathe through that organ. *Aurum*, *Bryon*, *Rhus t.*, *Cocculus*, *Veratr.*, *Mercur.*, *Stann.*, *Calc. carb.*, and the magnet, relieve that condition. For external and internal swelling of the hard and soft parts, with great sensitiveness, loss of smell, dryness of the nose, (dry coryza,) *Zincum* is one of the principal remedies, although *Baryt.*, *Graphit.*, *Natrum mur.*, and other remedies, are sometimes indicated. If the inflammation should be attended with titillation, or a burning, smarting pain, discharge of fetid, purulent, yellow-greenish matter, the following remedies are indicated: *Rhus t.*, *Nux v.*, *Conium*, *Mezereum*, *Cina*, *Merc.*, *Aurum*, *Ranunculus bulbos.*, *Asa.*, *Thuja*, *Antim. cr.*, *Canthar.*, *Phosphorus*. *Rhus. t.*, *Nux v.*, *Canthar.* and *Bellad.* deserve a preference when the disease broke out without any definite cause. *Merc.*, *Thuj.*, and *Aurum*, when it arose from gonorrhœa, or

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some other syphilitic affection. If the disease should be attended with mercurial symptoms, or caries, *Hep. Sulp.*, *Aur.*, *Mez.*, *Asa.*, *Con.*, *Phosp.*, *Calc. c.*, and *Sil.*, should be used.

§ 206. *Ostitis, inflammation of bones.*

The vessels of bones and the periosteum are frequently found inflamed. The pain is most violent when the marrow is inflamed, less in periostitis, and still less in ostitis.

It is sometimes easy and at other times difficult to diagnose ostitis; in diagnosing that disease, we have to consider the scrofulous and syphilitic diathesis. Some bones are more liable to inflammation than others. The symptoms of ostitis are: heat, which is even felt externally; redness, not only of the bones but also of the periosteum and the external integuments; swelling and softening of the inflamed bone, most distinct in the epiphyses of bones. This swelling develops itself slowly, the bone becomes spongy, porous, extremely sensitive, and loses its specific gravity. The pain is rather dull, boring, more violent at night than in the day time, particularly when the inflammation is of a syphilitic nature, or arises from mercurial poisoning. The bone becomes curved, the muscular action preponderates, whence deformities ensue. The fever is not very violent, but exacerbates in the evening and at night.

§ 207. The course, duration, and classification of ostitis vary considerably, according as the disease arises from one or the other cause. The fever is generally erethic, except in the case of young subjects, where the fever is frequently a synocha.

Ostitis is generally cured under homœopathic treatment; it may, however, terminate unfavourably:

(1.) In suppuration of the bone. The pus is a reddish, fetid fluid. The suppuration generally takes place superficially, the periosteum is destroyed, the bone becomes rough and porous. If the suppuration should be more deep-seated, the pus is more coloured and fetid. The inflammatory symptoms disappear

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gradually, the bone swells up more and more, parts become detached, causing external suppuration. If the suppuration should continue for a time, it sometimes terminates in humid caries.

(2.) In induration. This termination is more frequent in chronic than in acute inflammations, particularly when the patient is weakly and has a torpid, scrofulous constitution. The bone becomes unusually hard, raised, (tophus,) changes to a porous, spongy mass, which is liable to renewed inflammations.

(3.) In softening, (osteosarcoma,) terminating sooner or later in induration.

(4.) Anchylosis; this occurs most frequently in the joints, elbow, knee, carpal and tarsal joints.

(5.) Osteonecrosis; when this condition sets in, the acute pains cease, the inflammatory symptoms abate, the diseased portion of bone gradually separates from the sound bone, in which suppuration gradually sets in, by means of which the last portion is sometimes restored. This termination is most frequent in the long bones, particularly on their surface.

Children and adults are more liable to ostitis than old people, particularly when born of scrofulous or syphilitic parents. Bones which have been once inflamed are exposed to a renewed attack of inflammation.

Simple ostitis is not incurable. Ostitis complicated with some general dyscrasia, or with a mercurial or psoric diathesis, is much more difficult to cure.

§ 208. *Aconite* will be found necessary in a few cases only, particularly when the inflammation was caused by fracture, contusion, etc. In most cases, the inflammation is a mere symptom of some more general disease, and will yield to the remedies indicated for the latter.

In slight cases, when the inflammation is not yet far advanced, and the skin is simply red, with slight swelling of the bone, and sensitiveness to contact, *Bryon.* and *Puls.* will be found suitable. A much more useful remedy in ostitis is *Mercurius*, except when the inflammation was caused by the excessive use of that

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poison, in which case *Puls.*, *China*, *Hep. sulp.*, *Sulph.*, *Electricity;* or, when the inflammation has an erysipelatous character, *Bellad.* will prove beneficial. Specific remedies for ostitis, including mercurial and syphilitic, are: *Daphne Mez.*, *Asa fœtida*, *Staphysag.*, *Aurum*, *Mangan. acet.*, *Acid. phosphor.*, *Sulph.*, *Silic.*, *Calc. carb.*, *Lycop.*, *Nitr. ac.*, *Sepia*, *Baryta*, etc. *Mangan. acet.* is less useful in inflammation of the bone itself, than in periostitis and inflammation of the joints with intolerable pains. In inflammation of the facial bones, *Mercur.*, *Staphys.*, and *Aurum* are particularly useful. *Merc.* and *Staphys.* are likewise useful in inflammation of the iliac bones. *Asa* and *Mezer.* are more especially indicated in inflammation of the superficial bones. *Mezer.* is particularly useful in periostitis, which may be discovered from the fact that the adjoining soft parts are likewise more or less inflamed. *Acid. phosph.*, *Asa*, *Mez.*, *Merc.*, *Sil.*, and the other above-named remedies, are excellent for caries and ulcers of bones, even when caused by the excessive use of Mercury. All these remedies may likewise be employed with advantage for the chronic disorganizations resulting from ostitis. *Carb. veg.* should be mentioned for a burning pain in the bones; *Phosphorus* is likewise excellent.

§ 209. *Inflammation of the lymphatic glands and vessels.*

This condition occurs very frequently among children, and involves the adjoining cellular tissue. Such inflammations frequently recur periodically, excited by the least cause, and continue until the age of pubescence, or even a more advanced age, in case nothing is done to eradicate the constitutional disposition. This disease is likewise a symptom of a more general affection, and disappears under the use of proper remedies administered for the latter.

An inflammation of the superficial lymphatic glands and vessels is easily seen. The inflamed vessels form shining-red radiating strings or cords, which frequently extend to some larger or conglomerate gland, some-

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times involving smaller glands, which likewise become inflamed and swollen, thereby giving the vessel a knotty appearance. The affected parts feel hot, occasion a tensive, exceedingly stinging pain, the tension being even perceptible externally; the pains are aggravated by motion, generally exacerbate simultaneously with the fever, which is most frequently erethic. and accompanied with gastric symptoms.

§ 210. One of the principal remedies for inflammation of lymphatic vessels and glands is *Belladonna*, which is likewise indicated when the lymphatic inflammation is accompanied with erysipelatous inflammation of the adjoining parts. Belladonna is likewise frequently suitable for the so-called cold swellings of the lymphatic vessels, with little or no inflammation, such as is frequently seen on the lips and external genital organs, accompanied with tension, fluctuation, and violent periodically-appearing pains. An inflammatory condition very similar to the one above described, with swelling of the face, of one cheek, and of the upper lip, containing hard places, which are painful to the least touch, do not bear the least covering, with throbbing pain, and attended with confusion of the head, is likewise safely and permanently removed by *Belladonna*. If the pain in such a swelling should be burning, *Carbo veg.* is preferable to Belladonna; in some few cases *Arsenic*.

Next to Belladonna, *Mercurius* is one of the best remedies for lymphatic inflammations, even when it has become impossible to prevent suppuration; though *Silicea* will always hold the first rank as a specific for suppurating lymphatic swellings.

Cocculus is suitable for sub-inflammatory lymphatic swellings, when contact excites stinging, tearing pains and heat in those swellings.

Bryonia should be exhibited when violent pains are excited in the affected part by motion.

Puls., *Dulc.*, and *Conium* have more specific relations to the lymphatic system than Bryonia, and are, therefore, more suitable than this latter remedy, for inflammatory conditions of the lymphatic vessels and

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glands. *Conium* is known as a specific for inflammation of the mammæ, occasioned by contusion or a shock. *Rhus t.*, *Sulph.*, *Hep. s.*, *Antim. cr.*, *Dig.*, *Spong.*, *Cicuta*, are sometimes suitable for lymphatic inflammations attended with gastric derangement.

§ 211. *Hepatitis, inflammation of the liver.*

Most physicians distinguish an acute and chronic inflammation of the liver. The inflammatory process does not involve the whole liver; it is limited to one lobe, or to only a portion of a lobe. We know from post-mortem examinations, that at the end of the first stage the liver is filled with black blood, and enlarged; this condition of the liver is soon followed by the stage of red softening, which terminates in suppuration; hence the frequency of abscesses of the liver in hepatitis. Such an abscess corresponds to the extent of the previous inflammation; in recent abscesses the pus is white, creamy; in old ones it is greenish, yellowish, chocolate-coloured, and has a fetid ammoniacal odour. According as the abscess is situated, the pus burrows in various directions, towards the umbilicus, region of the hip, along the dorsal vertebræ, or into some adjoining organ, stomach, duodenum, transverse colon, or even into the right lung, in consequence of adhesions with the diaphragm. Recovery may take place in all those cases, except in the latter, where the patient generally dies of hectic fever.

It is difficult to diagnose hepatitis, inasmuch as the pathognomonic symptoms of hepatitis may likewise be supposed to point to some other morbid condition of the liver or of some adjoining organ. The difficulty of a correct diagnosis is increased by the fact, that in most cases only a portion of the liver is inflamed, and that the seat of the inflammation varies a good deal.

The following may be considered essential symptoms of hepatitis: Seated pain in the right hypochondrium, below and around the false ribs, frequently extending to the epigastric region or sternum, and afterwards even to the thorax. The pain is stinging, burning,

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cutting, tensive, sometimes very violent, at other times only dull, aching or felt only during a deep inspiration, cough, external pressure, or when lying on the right side. The region of the liver is extremely sensitive, tight, sometimes swollen, hot, dotted with red spots, and a strong throbbing being frequently experienced in that region. The percussion-sound is dull over a large surface. Consensual symptoms are: pain in the top of the right shoulder, in the clavicle, arm, with sensation of paralysis or as if the part would go to sleep; these sensations are sometimes experienced in the whole right half of the body. Breathing is very difficult, anxious, interrupted, sighing; sometimes a dry, deep, and hollow cough is present. Pleuritic stitches, dyspnœa, cough, and other symptoms, resembling those of pleurisy, increase by turning to the left side, so that, in some cases, the patient has to lie on his back, or sit stooping. The patient is unable to sneeze. All these symptoms point to inflammation of the convex portion of the liver. The inflammation is generally attended with a violent fever, which is frequently remittent or sometimes intermittent, the pulse is more or less hard and frequent. Other gastric or bilious symptoms are: hiccough, loathing, eructations, attended with anguish, occasional retching and moderate vomiting, without relief, or rather with aggravation of the morbid symptoms; a peculiar sensation of fulness, nausea, burning, and anguish in the pit of the stomach, bitter taste, yellow tongue, more or less jaundiced appearance, retention of stool, or else hard, gray, clayey stool, particularly when the concave portion of the liver is affected.

The precursory stage is like that of gastric fevers. It generally sets in with a violent chill, followed by burning heat, which generally abates in the morning hours.

The symptoms of hepatitis differ according to the seat of the inflammation; they will be described more particularly hereafter.

§ 212. The bilious secretion is more or less disturbed by the inflammation, which occurs more fre-

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quently in summer. It is occasioned by colds in the abdomen, particularly at a time when great heat alternates with damp and cold weather; it may likewise be caused immediately by a cold drink. Violent emotions, anger, grief, chagrin, may likewise occasion it; or it may be brought on by emetics, drastics, worms, or by the paroxysms of violent colic attendant on gall-stones; or by direct or indirect concussion of the liver, by means of blows on the right hypochondrium, or of a fall from a height on the feet, knees, buttocks, or head; or finally by injuries, wounds, etc.; hepatitis may likewise be occasioned by metastasis in consequence of suppression of piles, of inflammation of joints, chronic exanthemata, erysipelas, diarrhœa, dysentery, etc.

The prognosis under homœopathic treatment is not unfavourable. It depends upon the extent and degree of inflammation, upon the constitution of the patient, and the morbid conditions with which it may happen to be complicated. An inflammation of the parenchyma, or the concave portion of the liver, is more dangerous than an inflammation of the surface of the liver or of its convex portion. Dangerous symptoms are: great anguish in the præcordial region, obstinate vomiting of a leek-coloured substance; pain which cannot be relieved; frequent, small, irregular pulse, delirium.

Hepatitis is distinguished from gastritis by the following symptoms: In gastritis there is no enlargement of the volume of the liver which exists in hepatitis, and can be diagnosed by percussion and palpitation; jaundice is wanting, and the secretions have their natural colour. Pneumonia, pleuritis, and empyema, cannot be confounded with hepatitis, provided we do not overlook the above-mentioned characteristic symptoms of those diseases. In diaphragmitis the pain extends along the insertion of the diaphragm, the breathing is more painful, panting, sighing; there is occasionally singultus, risus sardonius, anguish, delirium. A colic induced by biliari calculi is recognisable by the paroxysmal recurrence of the pains. In

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hepatitis the secretion of urine, which is interrupted in nephritis, is undisturbed.

The division of hepatitis into acute and chronic, facilitates the treatment, It is likewise useful to distinguish a synochal, erethic and typhoid form, and not to overlook the sporadic, endemic or epidemic character of the disease.

This inflammation terminates as all other inflammations. I ought to observe, however, that no disease, after the use of leeches, is more liable to metastasis than an inflammation of the liver, and that these metatastic diseases are more difficult to cure than the primary affection.

§ 213. I know from experience that it is best to commence the treatment with *Aconite*. If the inflammation should have been occasioned by violent chagrin, with gastric and icteric symptoms, *Chamomilla* is a specific remedy, and frequently relieves the disease in a few hours. Chamomilla is likewise indicated when there is more anguish than pain, or when the pain is dull-aching, and is not aggravated by pressure, turning from side to side, or drawing breath; when the pain is accompanied by oppression of the stomach, tightness and feeling of heaviness in the præcordial region, occasioning oppression of breathing; when bilious symptoms, jaundice, etc., are present, showing that the concave surface of the liver is more particularly inflamed. If the paroxysms of anguish should occur more frequently or at night, if there should be green, slimy, diarrhœic stools, and a disposition to vomit, *Pulsatilla* may prove useful.

If the inflammation be attended with retention of stool, and spasmodic symptoms of the chest, *Bryonia* will generally be found a specific for that condition. Bryonia is, in fact, suitable for all congestive inflammations with violent fever and great vascular and nervous excitement; or for inflammations which had been occasioned by a cold or chagrin, or which are characterized by exacerbations occurring at night, or on waking, or during motion, etc. Bryonia deserves consideration when the fever has an erethic character,

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and is attended with bilious symptoms; but particularly when the right hypochondrium is swollen and tight, with burning or stinging pain during contact, cough, or breathing.

Belladonna, in alternation with one of the above-mentioned remedies, will prove curative in chronic hepatitis, characterized by chronic sensitiveness in the region of the liver, by a yellowish complexion, altered stool, sensation of pressure or tightness in the epigastric region, irregular appetite, increased thirst, restless nights. An inveterate chronic hepatitis requires to be treated with the antipsorics, principally with *Natrum*, *Muriate of Magnesia*, *Natrum mur.*, *Antim. cr.*, *Sal. ammon.*, *Lycop.*, *Kali carb.*, *Sulph.*, *Sep.*, *Carb. an.*, *Asa*, etc.

An acute inflammation of the liver can sometimes be cured by *Belladonna* alone, particularly when the convex surface towards the diaphragm is inflamed, in which case the pain is superficial, stinging, aggravated by pressure, inspiration, cough, or by lying on the affected side, when the pain resembles pleurisy, and extends to the shoulder and neck. Accompanying symptoms are: dry cough, dyspnœa, hiccough, congestion of blood to the head, dulness of the head, obscuration of sight, vertigo, as if one would faint. Sometimes these symptoms are accompanied with distention of the pit of the stomach, and an intolerable tightness across the abdomen above the umbilicus, occasioning difficulty of breathing and anxiety. If considerable thirst, agonizing tossing about, sleeplessness, etc., should be present, *Belladonna* is more suitable than any other remedy.

Nux vomica is particularly suitable when gastric symptoms are present, and the patient has a lively, sanguine, or choleric temperament. It is more suitable to males than females. Nux is indicated by a stinging pain in the region of the liver, which is exceedingly painful to contact, with occasional beating or throbbing in the right hypochondrium; by constipation, sour and bitter taste, loss of appetite, inclination to vomit or vomiting, tightness, pressure, short-

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ness of breathing, with sensation as if the clothes were too tight, although the oppression of the chest increases on removing them, great thirst, frequent and hard pulse, bright-red, scanty urine, pressing headache, exacerbation of the fever, and pains early in the morning. I ought to add in this place, that *Aconite* is much more useful in hepatitis when the pulse is accelerated, soft, full, or even irregular, than when it is frequent and hard.

Mercurius solubilis is a valuable remedy when the patient complains of bitterness in the mouth, with more thirst than hunger, constant chilliness, aching pain in the right epigastric and the præcordial region, (which is likewise very sensitive to contact,) when the patient is unable to lie on the right side, has a jaundiced appearance, and complains of frequent paroxysms of anguish. *Antim. cr.*, *China*, *Puls.*, are likewise suitable for the above group of symptoms.

I have used *Cocculus* with benefit for stinging and violent aching pains in the right hypochondrium, getting worse on stooping, coughing, or breathing; the pain extends to the pit of the stomach and stomach, and does not admit of the least contact; the abdomen is distended, with frequent vomiting of water and mucus, which increases the pain extremely; attended with burning heat and redness of the face, great thirst, and small, rather hard pulse.

Cantharis seems to be indicated by a full and hard pulse, by violent, vague (perhaps stinging) pains in the right hypochondrium, attended with constipation.

I have found *China* an admirable remedy for a sticking pain in the region of the liver, with sensation of subcutaneous ulceration on touching it, swelling of the right hypochondrium, diarrhœa, quick and hard pulse, redness of the cheeks, swelling of the veins of the head, etc.

Lycopodium and *Sulphur* are excellent remedies for chronic hepatitis. *Sepia* is indicated by an aching-sticking tightness in the right hypochondrium, aggravated by contact, deep breathing, or turning to one side; it is particularly indicated by a bland and gen-

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tle disposition, when chagrin is the exciting cause, by restless night-sleep, with paroxysms of anguish, arrest of breathing, anxiety, and palpitation of the heart.

§ 214. *Icterus, jaundice.*

Idiopathic icterus consists in a limited or suppressed secretion of bile in the liver, inducing a derangement of the digestive functions, and a deposition of bilious pigment in other secretory organs, particularly the skin, kidneys, and lastly, in the mucous and serous membranes.

Suddenly or gradually the albuginea assumes a yellow tinge, which spreads rapidly over all the other parts of the body; at first it is a pale-yellow, afterwards the yellow becomes darker, reddish, saffron-coloured; in the highest degree of jaundice, the skin is brown, or even black-yellow. Bilious pigment likewise makes its appearance in the urine, which becomes yellow, brown, or even black, and, like the sweat, tinges the linen yellow. The tongue is somewhat whitish, coated with mucus, the taste is flat, frequently bitter, attended with inclination to vomit, or vomiting of mucus and a bilious substance, the abdomen is distended, sometimes there is pain in the region of the liver, the stool is scanty or suppressed, white, gray, clayey, without bilious pigment, and frequently accompanied with colicky pains around the umbilicus. If fever be present, the chilliness is of short duration, not very violent, the heat is somewhat considerable, the pulse is accelerated but soft, the thirst increased, and the fever has distinct remissions in the morning. Sometimes the humours of the eye even look yellow, and everything then appears to the patient in a yellow or faint-red light.

§ 215. We distinguish the following varieties of icterus:

(1.) Icterus neonatorum. This comes on between the third and fourth day after the birth of the infant, very rarely on, but never after, the seventh day. Within 12 or 24 hours the skin becomes yellow, rather of an orange-colour, except the albuginea, which re-

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mains unchanged; the abdomen is not distended, but soft, painless; there is little or no bilious pigment in the urine, the stool is either retained or thin, but greenish and mixed with bilious pigment.

Afterwards, between the second and tenth month, another malignant form of jaundice sometimes develops itself, distinguished from the other form by the dark, brass-coloured appearance of the skin, (even of the albuginea,) by the presence of a quantity of bilious pigment in the urine, and by the supervention of fever, spasms, and sopor.

(2.) Icterus acutus, febrilis, spasticus. This form sets in suddenly, without precursory symptoms, and is always attended with fever.

(3.) Icterus vulgaris, chronicus, afebrilis. The colour is light-yellow, the urine becomes dark-red, gradually black, the tongue is clean, although the taste is bitter and even foul; there is no appetite, but rather an aversion to certain kinds of food, particularly to meat. Striking symptoms are the increasing slowness of the pulse, which sometimes falls to 40, and the irritable mood of the patients; their anger is excited by the least circumstance, they feel feeble, and get tired from the least exercise.

(4.) Icterus senilis. This being occasioned by biliary calculi and an arthritic diathesis, we shall treat of this subject hereafter.

Idiopathic jaundice cannot well be confounded with a similar symptomatic affection accompanying hepatitis, organic affections of the liver or bilious fever, on account of the absence of all symptoms denoting an inflammatory affection of the liver or characterizing bilious fever.

§ 216. Acute jaundice generally occurs in individuals at the age of pubescence, with a delicate skin, in midsummer; and is occasioned by taking cold when the skin is covered with sweat. It may even become an epidemic disease when the hot atmosphere is suddenly cooled by a thunder storm. Jaundice may likewise be caused by overloading the stomach, or by eating hurtful food, by cooling the stomach or liver by

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means of cold water or ice while the body is heated, by an impeded circulation of the blood in the liver, (hence in pregnant females,) by abuse of China, rhubarb, Mercury, (particularly calomel,) mercurial and sulphur ointments, in conjunction with improper diet; and lastly, it may arise from intermittent fevers, by a sort of metaschematismus.

Icterus neonatorum is probably always occasioned by a cold, or may perhaps arise from the retention of the meconium, or from the immoderate use of chamomile tea, during the latter part of pregnancy, by the mother, or, afterwards, by the infant.

The different varieties of jaundice run a different course. The icterus neonatorum runs its course in from 6 to 10 days, and almost always terminates in complete recovery, with copious discharges of black and afterwards bilious matter; it very rarely assumes a malignant character, in which case it may last weeks and months, frequently terminating in atrophy, scrofula mesenterica, softening of the stomach, eclampsia, acute hydrocephalus, and death. The icterus febrilis runs its course in from 7 to 14 days, and recovery generally takes place by means of critical sweats, sedimentous urine, and bilious evacuations; it is only in consequence of great mismanagement that this form of jaundice sometimes passes in hepatitis or bilious fever. The icterus afebrilis frequently continues for weeks and months; but if it should have been caused by hurtful food, the disease may terminate in two or three days, the white stools again becoming bilious, and the dark urine clearer; it is very seldom that dyspeptic symptoms or hepatitis supervene.

The prognosis is generally favourable, particularly in icterus neonatorum and icterus febrilis; in icterus afebrilis recovery is likewise generally certain, except if it should have arisen from abuse of mercury, in which case the prognosis is somewhat doubtful. In icterus neonatorum malignus the prognosis is unfavourable, if the disease have lasted some time, if the skin be of a dark brass color, the abdomen distended, if the children utter a squeaking noise, with spasms or sopor, if the

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region of the stomach be hot and painful to the touch, and if putrid vomiting set in.

§ 217. The following remedies deserve particular attention in the treatment of jaundice: *Aconite, Arsenic, Bryon., Calcar., Canthar., Carb. veg., China, Con., Cupr., Dig., Iod., Mercur., Acid nitr., Nux vom., Plumb., Puls., Ran., Rhus t., Sec., Sulph., Acid. sulph.*

China is indicated by pressure at the stomach, vomiting, diarrhœa, fainting, great debility, bitter mouth, anorexia, hard distention of the abdomen, and when the symptoms can be traced to abuse of mercury.

Mercurius is indicated after abuse of China, in scrofulous individuals, when asthmatic symptoms, painfulness of the liver, rheumatic pains in the pectoral muscles are present, both in icterus neonatorum and afebrilis.

Sulphur, in scrofulous, psoric individuals, after abuse of Mercury, or when the disease was occasioned by the suppression of a cutaneous eruption.

Iodium, by a dingy, yellow skin, excessive emaciation, lowness of spirits, or irritable spirits, yellow or brown, dark colour of the face, thick coating of the tongue, much thirst, turns of nausea, white diarrhœic stools alternating with constipation, dark, yellow-green, corrosive urine, etc., after abuse of mercury. Even jaundice accompanied with organic changes in the liver, hectic fever, dyscratic conditions, etc., comes within the curative action of iodium.

Chamomilla is suitable for jaundice occasioned by a cold, by chagrin, anger, or when the body is excessively sensitive to the open air, accompanied with sleeplessness, cries and starting during sleep, dryness of mouth, heat of the face after dinner, distention of the abdomen, discharges of white mucus, particularly at night, discharge of undigested food, &c.

Digitalis is particularly suitable when the whole body and particularly the albuginea and the more delicate portions of the skin exhibit a yellow tinge, when there is loathing, frequent empty retching, sensitiveness, and pressure in the pit of the stomach and region of the liver, distention of the abdomen, slug-

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gish stool, gray, clayey fæces, scanty, turbid, thick, saturated, yellow-brown urine, alternate shuddering and heat; it is likewise useful in icterus spasticus, with constant inclination to vomit, and chalky stools, with full, slow pulse; these symptoms constitute a particular indication for digitalis in icterus afebrilis.

Pulsatilla is principally indicated after abuse of China, Chamomilla, and Sulphur, when an overloaded stomach is a principal cause of the disease, and the following symptoms are present: sleep disturbed by frightful and anxious dreams, violent nocturnal anguish, sad, whining mood, yellow or slimy tongue, bitter, foul, or earthy taste, bitter eructations, slimy, bilious, or bitter-sour vomiting, perceptible throbbings in the pit of the stomach, difficult stool, with painful straining, white stools, scanty discharge of red, brown urine, or else retention of urine.

Carbo. veg. is suitable for chronic jaundice, attended with scorbutic symptoms, vehement, vexed mood, aversion to meat, butter, grease, constipation, or else pale, white stool, discharge of dark-red urine.

Arsenicum, as well as *Iodium*, may still prove useful in jaundice, attended with degenerations of the liver, China, Iodium, Mercury-cachexia, scorbutic or scrofulous dyscrasia, and hypochondriac mood.

Nux vomica corresponds to jaundice in persons who have made an excessive use of spirits, coffee, tobacco, opium, chamomile tea, or to jaundice occasioned by violent chagrin or anger; or by a sudden change of temperature, in individuals with irritable, hypochondriac, melancholy, hysteric dispositions, or who are exceedingly sensitive to open air, and are apt to take cold when exposed to the least draught.

Icterus occasioned by chagrin and anger, is principally cured by *Aconite*, *Bryon.*, *Chamom.*, *China*, *Ignat.*, *Nux vom.*, *Natrum mur.*, *Sulphur.* When occasioned by a cold or a sudden change of temperature: *Dulc.*, *Nux vom.*, *Chamom.* When arising from an overloaded stomach and dietetic transgressions: *Puls.*, *Antim.*, *Bryon.*, *Carb. veg.*, *Chamom.*, *Natrum m.*, *Nux v.* When caused by abuse of spirituous drinks: *Nux*

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v., *Dig.*, *Ars.* When caused by abuse of Chamomile: *Ignat.*, *Nux v.*, *Puls.*, *China.* By abuse of Mercury: *China*, *Hepar s.*, *Sulph.*, *Acid. nitr.*, *Asa fœt.*, *Iod.*, *Ars.* By abuse of China: *Puls.*, *Ars.*, *Merc.*, *Ipec.* Jaundice occurring during pregnancy, which is probably caused by mechanical pressure on the liver, is most speedily relieved by *Nux v.*, *Ipec.*, and *Natr. mur.*

The dyspeptic symptoms which sometimes remain, such as loss of appetite, loathing of food, nausea, oppression of the stomach after eating, obstinate constipation, etc., generally yield to *Bryonia.*

Icterus neonatorum, if of a benign nature, generally gets well with little or no treatment. If it should have arisen from cold, from the use of damp and cold bandages, or from too long an exposure after birth, it will be sufficient to bathe the infant in tepid water, and to keep it warm; a dose of *Dulc.* or *Chamom.* may likewise be of service. If the excessive use of Chamomile-tea, during or after pregnancy, should have occasioned the disease, *Ignat.*, *Puls.*, *Nux vom.*, *China*, *Coffea*, will be found the most suitable remedies, in conjunction with proper diet. The malignant form of icterus neonatorum is more difficult to cure. If it should have been caused by bad milk, the infant has to be nursed by some other person, and any kind of food which is disposed to ferment should be avoided. *Nux v.*, *Puls.*, *Acon.*, and *Chamom.* are the remedies to be used. If the disease should have been caused by the desiccation, by means of lead-ointments, of sore places on the genitals, buttocks, in the axillæ, etc., the obnoxious application should at once be removed, and *Chamom.*, *Sulph.*, *Hep. sulph.*, *Alum.*, *Opium.*, should be exhibited. For convulsions, spasms, sopor, violent fever, *Belladonna* will be found most suitable. When these latter symptoms occur, it is to be feared that acute hydrocephalus, gastromalacia, or atrophy, will supervene.

§ 218. *Inflammation of the spleen, splenitis, lienitis.* Affections of the spleen, even when amounting to

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disorganizations, do not affect the general organism in any great degree, and are not easily diagnosed.

An acute inflammation of the parenchyma of the spleen is characterized by the following symptoms: Violent sticking, boring, tensive, throbbing pains in the region of the spleen, extending to the shoulder, clavicle, nipple, or towards the stomach, back, kidneys, with oppression of breath, constriction of the epigastrium, with aggravation of the pain on turning to the left side, on pressing on the left hypochondrium, or during motion, exertion, cough, sneezing, etc. This painfulness is constant; sometimes there is an increase of heat in the region of the spleen; and if the lower and anterior portion of the spleen be affected, a hard, round, not very moveable swelling, is felt in the region of the ninth and tenth ribs, anteriorly, which is extremely painful when touched. Accompanying symptoms are: Oppression, anguish, cough, dyspeptic symptoms, vomiting, burning in the region of the stomach, bitter, or sometimes sour taste, with burning eructations, retching, vomiting without relief, singultus. Vomiting of blood is always present, even at the commencement; the blood, particularly at the commencement, is scarcely ever pure blood, but is mixed with bilious, slimy matter, looks like serum, but assumes a blackish venous colour; afterwards the blood becomes thick, blackish, and is vomited in larger quantity. Obscuration of sight, vertigo, disposition to fainting, are frequently present, particularly in an erect posture. The fever is a synocha, with intense thirst and changing pulse, which is sometimes suppressed and intermittent at the left wrist; the urine is burning, of a dark brown-red, less frequently of a dingy saffron colour. The fever is remittent, and has sometimes a quartan or tertian type.

§ 219. Splenitis runs a course of from 5 to 14 days, and terminates with critical sweats, urine, phlyctænæ around the mouth and nose, and sometimes bleeding from the nose or other orifices. It may leave adhesions, induration, or permanent enlargement. Splenitis is seldom directly fatal; death generally ensues by

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softening or suppuration; the former termination being much more frequent than the latter; hence the frequent tearing of the spleen.

The distinction between inflammation of the capsule and parenchyma of the spleen is of no practical value. Splenitis is frequently epidemic in hot summers, and is sometimes confounded with melæna, hepatitis, peritonitis, pleuritis, nephritis, gastritis, or carditis. Gastrodynia likewise frequently depends upon or co-exists with an affection of the spleen. In such a case the spleen is probably more or less inflamed, which we may infer from a previously existing abdominal plethora, or from one actually present and occasioned by the suppression of an habitual discharge of blood from the bowels. Among the numerous violent symptoms which come under our observation in such a complicated case, those pointing to an inflammation of the spleen are frequently overlooked.

Splenitis is most frequent among persons of middle age or among old people. It occurs more frequently among men than women. It may be caused by mechanical injuries, concussion of the trunk, long running, dancing, colds, sudden suppression of habitual discharges of blood, suppression of ulcers on the feet, or the inflammation may reach the spleen by spreading from adjoining organs.

§ 220. In acute splenitis, with violent synochal fever, *Aconite* is the first remedy. If, under the influence of Aconite, the pain does not subside simultaneously with the fever, other remedies should be resorted to.

Nux vom. is indicated by a sensation of swelling, increase of the stinging pain by contact or motion, spasmodic pains in the left hypochondrium, with qualmishness in the pit of the stomach, aversion to food, with fainting spells, vomiting of blood or gulping up of dark blood from the stomach, pains in the stomach, retention of stool, dyspeptic symptoms, etc. The constitution and disposition of the patient should likewise be considered.

Arnica deserves attention when the blood is coagulated, between light and dark-red, with constant ach-

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ing-sticking pain in the left hypochondrium, and consequent arrest of breathing.

Cantharides is indicated when the kidneys are likewise inflamed, with constant retching and some discharge of blood by the mouth, sticking pressure and feeling of fulness in the left hypochondrium, extending to the dorsal vertebræ, tossing about in despair and agony.

Belladonna is likewise suitable for splenitis.

Chamomilla corresponds to a tensive and burning pain in the left hypochondrium, pressure in the pit of the stomach, frequent hiccough, etc.

China, although not generally indicated in inflammatory diseases, will be found useful in splenitis, after the fever has been subdued by Aconite, when the frequent vomiting of blood induces great debility, and the pinching and pressure change to lancinations, with swelling and hardness of the spleen; frequent diarrhœic stools, with discharge of dark, coagulated blood, do not counter-indicate China, although in such a case *Arsenic* deserves a preference, particularly if the patients complain of a burning pain in the spleen, with swelling, attended with constant anguish and pulsations in the pit of the stomach. China is likewise indicated by painful swelling of the spleen, and tearing stitches in that organ, preventing the patient from lying on the affected side. The fever is characterized by dry burning heat, great thirst, restlessness, anguish about the heart, yellow, livid countenance, dry and parched lips, white-coated tongue, bitter taste in the mouth, nausea, aversion to food, etc.

Bryonia is counter-indicated by hæmatemesis and diarrhœa; it corresponds to constipation and sticking pains in the spleen. I think *Bryonia* and *Pulsatilla* particularly adapted to an inflammation of the capsule of the spleen, with sticking, aching pains, aggravated by motion, and when the affected part is visibly swollen.

Laurocerasus, *Mezereum*, *Drosera*, *Stannum*, *Plumbum*, *Spigelia*, *Lycopodium*, *Carbo veg.*, and other remedies, may sometimes prove useful in splenitis.

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§ 221. *Gastritis, inflammation of the stomach.*

Acute gastritis, as is occasioned by corrosive poisons, is characterized by the following symptoms: Excessively burning, gnawing, constrictive, tearing, sticking pain in the epigastrium, increasing rapidly and without intermission, extending over the chest, and occasioning dyspnœa; the pain is aggravated by breathing, contact, the least pressure. There is a constant and intense desire for cold drinks, although every drop is vomited up again. The region of the stomach is hot to the touch, the patient wants cooling things to be applied to that region constantly; the epigastrium is distended, and the patient can neither swallow solid nor liquid things. The pulse, in such violent cases, is suppressed, small, wiry, frequently intermitting; face and extremities are covered with a cold sweat; the face is pale, spasmodically distorted, expressive of much pain; the patient is uneasy, anxious; stool and urine suppressed, or the secretion of urine is at any rate very scanty; death takes place very rapidly, from paralysis, preceded by singultus, dysphagia. aphonia, delirium, subsultus tendinum, and other nervous symptoms.

There are milder forms of gastritis, characterized by a feeling of pressure, heaviness, gnawing, tension in the umbilical region, which is not so sensitive to pressure. The patient is able to eat and drink, but afterwards he experiences pain, frequent eructations, attended with red face, accelerated pulse, hot hands, disposition to vomit, etc. The region of the stomach is distended by gas, tight, percussion yields a tympanitic sound over a large surface. The fever is not always present; when present, it is either synochal or erethic. The skin is dry, and its temperature raised. Sympathetic symptoms are: headache, pain in the limbs, paroxysms of cough, palpitation of the heart, nervousness, etc.

A mild form of acute gastritis may lead to a chronic one, which is frequently so deceitful that death takes place suddenly, in consequence of perforation; or in-

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nervation and marasmus develop themselves. The physician is frequently misled by the difficult digestion, eructations, flatulence, pyrosis, pain in the stomach, and is induced to treat the patient for dyspepsia, cardialgia, etc.

§ 222. An acute gastritis runs a rapid course; its phenomena are of short duration, but intense in their nature. The disease frequently terminates in death in a few hours, by exhaustion and paralysis of the nervous system. This likewise takes place when a chronic gastritis becomes acute, or else a slowly-progressing ulceration leads to perforation of the stomach. An acute gastritis lasts from 10 to 25 days; a chronic for months and even years. Gastritis is frequently confounded with cardialgia, colic, cholera, etc.

Gastritis may be occasioned by the following causes: the use of cold drinks or of ice when the stomach is heated; cold bathing when the body is very hot;* introduction into the stomach of mineral acids, arsenic, mercury, corrosive sublimate, saltpetre; inflammation of adjoining organs, mechanical injuries of the stomach, metastasis of inflammations of other organs to the stomach, suppression of herpetic eruptions, localization of dyscratic action, etc.

The prognosis depends upon the course and origin of the disease. When occasioned by cold drinks, poisons, metastasis, or dyscrasia, it is very dangerous. Children and old people are exposed to great danger.

§ 223. The treatment of gastritis differs according to the cause of the disease. A gastritis from gastric impurities or acrid bile is not very difficult to cure. Among these kinds of gastritis belongs the one arising from the use of too heavy food in the case of infants. The milk of the nurse ought to be changed for more adequate nourishment, after which, *Ipec.*, *Nux v.*, *Bryon.*, *Antim.*, *Pulsat.*, or *Veratr.*, should be exhibited.

Traumatic gastritis is, properly speaking, a surgical

* These causes may likewise cause a sort of cholera, which at first bears a great resemblance to gastritis.

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disease, which requires to be treated, among other remedies, with *Arnica*, externally and internally.

In gastritis toxica, the poison has first to be removed; the vomiting should be promoted by warm drinks, except when it is excessive, in which case it has to be moderated. This result can most easily be obtained by means of mild oleaginous and mucilaginous substances, which are likewise the most suitable to neutralize the poison. Such substances are: linseed oil, milk, warm water, sugar-water, slimy drinks, etc.; milk and sugar-water may be continued together with the specific medicine.

Gastritis potatorum is to be treated with one of the remedies which we shall point out hereafter.

After the removal of the local causes of the disease, a few doses of *Aconite* require to be given, in rapid succession, to moderate the synocha, if there should be any.

The best remedy for the above-described most acute form of gastritis, is *Arsenic*.

Next to this comes *Phosphorus*, if the patient complain of a cutting burning, with pressure, burning heat in the stomach, as if hot gas were rushing out of the mouth, etc., accompanied with violent thirst, burning in the pit of the stomach, anguish, convulsions of the face, violent shuddering, cold extremities, clear eyes, with lachrymation, pale lips, hurried, small, feeble pulse, and prostration of strength.

Camphora corresponds to burning with pressure in the stomach, with coolness in the pit of the stomach, great painfulness of the pit of the stomach to contact, violent vomiting of bile and blood, gulping up of the ingesta, cold sweat in the face, general coldness of the body, hurried breathing, bruised feeling in the back, and feeble, scarcely perceptible, pulse.

Cantharides correspond particularly to stinging, burning, and cutting, particularly in the region of the orifice of the stomach, feeling of fulness, sensation of screwing together, extending to the dorsal vertebræ, vomiting of the ingesta, vomiting of blood, with constant retching, agonizing uneasiness, small and inter-

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mittent pulse, with burning thirst. This kind of gastritis is always accompanied with pains in the abdomen, kidneys, and bladder, the pains of the latter organ descending from the ureters, and being attended with ischuria.

Bryonia is one of the remedies for the less violent forms of gastritis. It corresponds to an aching, stinging, burning pain in the stomach and pit of the stomach, to a sensation as if the pit of the stomach were distended, to gulping up of the ingesta, vomiting, even vomiting of blood, sore pain in the pit of the stomach, when touching it or coughing, anxiety and oppression. It corresponds particularly to a phlegmonous inflammation of the stomach, with violent synochal fever, great nervous and vascular excitement, burning and dry heat, with thirst.

Nitrum is indicated by a violent aching pain in the stomach, with cooling burning in that organ. Among the accompanying symptoms we distinguish: canine hunger, slight thirst, hiccough, gulping up of bitter fluid with some relief, vomiting of blood, as the disease increases; the pulse is very quick, full, and hard.

Nux vomica may prove useful in some cases of gastritis; it is indicated by burning in the region of the orifice of the stomach, violent vomiting, etc.

Veratrum is likewise an important remedy in gastritis. We would likewise name: *Puls.*, *Euphorb.*, *Sec.*, *Ipec.*, *Antim. cr.*, *Mezer.*, *Helleb.*, *Calc.*, *Ranuncul. scel.*, *Iod.*, etc. If hydrophobic symptoms should supervene, *Hyoscyam.*, *Stram.*, *Canthar.*, and *Bellad.*, should be employed.

§ 224. *Enteritis, colica inflammatoria, inflammation of the bowels.*

Such an inflammation generally commences in the mucous coat, whence it spreads to the other tissues. We distinguish an erythematous, (mucous,) phlegmonous, viscous, follicular, serous inflammation of the bowels. It is principally the follicular inflammation

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which occasions ulcers in the intestines, such as we observe in abdominal typhus.

The most frequent kind of enteritis is ileocolitis, which occurs both as a mucous and phlegmonous inflammation. The latter is characterized by excessively violent, piercing, burning, and tearing pains, which are frequently most intense at a circumscribed spot in the umbilical region or the right iliac fossa; here the pains are seated, constant, aggravated by the least contact, efforts to vomit, breathing, cough, etc.; the patient is lying on his back, without stirring, with his lower limbs drawn up, moaning, not daring to move lest the pain should get worse. The pain comes on in paroxysms, like colic. The abdomen feels hot, distended, hard, frequently tympanitic; obstinate constipation, which continues during the whole period of the inflammation; troublesome, painful flatulence, passing upwards; vomiting, first of mucus, bile, and food, afterwards of green masses, resembling fæces, and even vomiting of fæcal matter.

An inflammation of the bowels, like all other violent inflammations, sets in with a violent chill, or else fever and inflammation develop themselves at the same time. The pulse is very frequent, (100 to 120,) small, spasmodically contracted, hard, and intermittent. There is internal heat, and unquenchable thirst, although the extremities are cool; the features express pain and anguish; the respiration is anxious, hurried, and is generally performed by means of the intercostal muscles. The tongue is generally dry, red, or coated white; skin dry; urine scanty and red. Sometimes nervous paroxysms, singultus, speechlessness, fainting spells, and delirium, are present.

A mucous inflammation is distinguished from the other one by being less violent; the pain is more remittent, as in colic, even intermittent, dull, tensive, cutting, with feeling of fulness in the umbilical region and in the right iliac fossa. There is no vomiting, unless the inflammation should reach the stomach. This form of inflammation is more frequently attended with diarrhœa than constipation, generally occurring

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at night, characterized by discharge of flocks. The fever is erethic, sometimes even inclining to torpor; the pulse is soft and frequent. Evening exacerbations, and remissions in the morning.

§ 225. A very acute enteritis runs a course of from 24 to 48 hours, or at most from 3 to 6 days; a mucous enteritis runs from 4 to 14 or even 30 days, in which case the inflammation becomes chronic. Recovery from the phlegmonous inflammation takes place by alvine evacuations, and from the mucous enteritis by critical fevers and abatement of the symptoms. Death ensues by gangrene and paralysis of the abdomen; in the second form, by the passage of the disease into enterophthisis.

The disease may be caused by irritating, bad, decayed food, unripe fruit, melons, cucumbers; overloading the bowels; abuse of spirituous drinks; irritating drugs; acrid bile; mechanical irritants; suppression of cutaneous secretions, in consequence of cold; suppression of habitual discharges of blood, of sweat on the feet; or the disease may set in as a sequel of gastritis, hepatitis, peritonitis, or may be occasioned by dyscrasia.

The prognosis depends upon the nature of the course of the disease, upon the extent and intensity of the inflammation, and upon the general character of the symptoms.

§ 226. The treatment should commence with *Aconite*, which is to be continued at longer or shorter intervals, according as the inflammation is more or less violent; for the symptoms which remain, after the inflammation has been subdued, *Nux. v.*, *Bryon.*, *Chamom.*, *Bellad.*, *Rhus t.*, *Puls.*, or *Merc.*, *Arsen.*, or *Canthar.*, are appropriate remedies. In some cases these remedies are indicated from the commencement.

If some other adjoining organ should be inflamed at the same time as the bowels, the specific remedy should be administered in alternation with Aconite.

For sub-inflammatory symptoms, when the inflammation is not distinctly developed, *Belladonna* and *Hyoscyamus* are excellent remedies.

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The so-called stagnationes sanguinis, (physconia sanguinis,) in the abdomen, have frequently the appearance of an inflammation of the bowels, particularly when they are accompanied with fever and pain. The symptoms are less intense, with remission and even perfectly free intervals. The pain is less seated, more changeable, goes and comes; sometimes there is only a disagreeable sensation of pressure, tension; burning, or beating, accompanied with other various symptoms according as one or the other portion of the abdomen is the seat of the affection. This condition frequently arises from irregular piles or catamenia, and occurs in hypochondriac or hysteric persons, or in those who are fond of spirituous drinks. Indigestible, stimulating food aggravates the disease. The patient complains of troublesome thirst, dryness of the lips and mouth, flatulence, borborygmi. The stool is lumpy, dry, and dark, or slimy, thin, fetid. Diarrhœa sometimes alternates with constipation. At first, there is no fever, afterwards only in the evening, with morning remissions and slight sweat. Emaciation, prostration of strength, cachectic appearance, cough, night-sweats, dropsical symptoms.

The cure is generally effected by *Nux v.*, *Bryon.*, *Puls.*, *Bellad.*, *Digit.*, *Phosphor.*, *Calc. acet.*, *Sep.*, *Veratr.*, *Sulphur*, and other remedies.*

§ 227. *Enteritis, mucosa infantum.*

This disease is of frequent occurrence among children. It is both acute and chronic. It commences with increased stool, frequently without fever. The evacuations gradually increase in frequency, and are sometimes preceded by restlessness, starting, on account of the pain and convulsions; during the evacuation the children moan and cry. The stools are of a brown-reddish colour, sometimes mixed with bloody, flocculent, slimy, and purulent substances, or they look green and stirred, or they are watery and of a dark

* These symptoms frequently set in in persons suffering with nervous irritation, and then yield to *Aconite*, as their most certain specific.—*Hempel.*

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colour, or undigested. The anus becomes sore and erythematous; sometimes tenesmus is present, and diarrhœa alternates with constipation. These symptoms are accompanied with burning heat, frequent pulse, bright-red tongue, which afterwards becomes dry and crusty; there is vomiting and constant drinking; tympanitic distention of the abdomen, which is sensitive to pressure, and hot, with decline of strength and loss of flesh; the face is sunken, looks old, with dim and faint eyes, sallow skin. The phenomena of this disease are frequently rendered obscure by symptoms pointing to a cerebral or pulmonary affection.

The disease frequently terminates fatally, particularly among new-born infants; but even among larger children it is sometimes very dangerous.

In regard to treatment, I would observe that it should invariably be commenced with *Aconite*. We know, from thousands of cases of post-mortem examination, that a vast majority of the affections of children are characterized by inflammatory conditions, and that the little beings might have been saved if physicians were more willing to heed all the indications of suffering in the infantile organism. It is true that Hahnemann teaches that the homœopathic physician need not trouble himself about anything but the symptoms of the disease; but we ought not to forget that both the external and internal phenomena constitute the true and complete character of the disease, and that it is, therefore, the physician's duty to understand this character fully. Although I am an old practitioner, yet I keep up with all the improvements in medicine which lead to a safer and more correct diagnosis, and it is owing to this progressive initiation into the internal conditions of disease that I have accustomed myself to commence the treatment of most of the affections which befal children, with *Aconite*. This remedy moderates the violence of the symptoms, and frequently removes them altogether.

Next to Aconite, *Chamomilla* deserves to be recommended, when the thin and fluid discharges from the bowels, or the corrosive discharges of white or green

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mucus are attended with violent pains, when they occur most frequently at night, and the night's rest is frequently interrupted by cries and starting.

Pulsatilla is indicated by sudden alternation of heat and chilliness, with sleeplessness, except a little slumber towards morning, constant moaning, and frequent discharges of corrosive mucus, with vomiting.

Nux v. and *Bryonia* are indicated when constipation is present, the latter particularly when the abdomen is sensitive to pressure.

Belladonna and *Hyoscyamus* may prove useful when the inflammation is sub-acute, or when the inflammatory symptoms are accompanied with periodically-recurring spasmodic phenomena.

Coffea requires to be used as an intermediate remedy, to allay the nervous irritation, which sometimes exceeds the vascular excitement.

For the other remedies, we refer the reader to preceding paragraphs.

§ 228. *Incarcerated hernia.*

Hernia, unless it should have been occasioned by mechanical causes, in which case it requires surgical treatment, is a dynamic disease, and can be removed by internal treatment. The incarceration arises from a spasmodic contraction of the bowel, which soon leads to inflammation. *Nux vomica* is the most suitable specific for that condition. Shortly after its administration, the spasmodic phenomena disappear, and the hernia can be replaced. If relief should not set in two hours after the exhibition of Nux, it is not the proper remedy. Some physicians recommend large doses of *Opium* instead of Nux. In some cases of violent spasms, *Belladonna* will prove curative, even in volvulus.

§ 229. *Nephritis, inflammation of the kidneys.*

We distinguish nephritis, or inflammation of the parenchyma; pyelitis, or inflammation of the mucous membrane of the tubes and pelvis of the kidneys; and perinephritis, or inflammation of the capsule. These

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different varieties bear a close resemblance to each other; we shall therefore condense their symptoms in one group.

One or both kidneys may be inflamed at the same time. The patient complains of an acute or dull pain in one or both loins, frequently extending over the whole lumbar region; it is aggravated by pressure, motion, bending forward, deep breathing, coughing, sneezing, urging to stool, lying on the affected side, and warmth of the bed. The pain extends along the ureters down to the bladder, and the testicle of the affected side is spasmodically drawn up; in females the pain strikes into the round ligaments. Sometimes the inflammation is attended with vomiting, nausea, retching, cardialgia, colicky pains; the region of the kidneys is hot, painful, bloated, and the patient is unable to lie on the affected side; if both kidneys should be affected, the patient has to lie on his back. In some cases the secretion of urine is either diminished or suppressed, or the emission of urine is attended with pain and burning; the urine has a fiery-red appearance, and is sometimes sanguineous or mixed with pus. In most cases the thigh of the affected side is numb, there is great anguish and restlessness, constipation, and other secondary affections supervene. The disease generally sets in with a hard chill, which frequently occurs simultaneously with the pain in the kidneys: the skin then becomes hot and dry; the pulse is full, hard, and tight, sometimes contracted. The fever sometimes becomes typhoid, in which case sopor sets in, the patient lies immovable on his back, his answers are incomplete, the tongue becomes dry and black, the pulse small and frequent.

§ 230. Nephritis principally befalls full-grown people. In young, plethoric subjects, it is disposed to terminate in suppuration. In this case, the pains become dull and aching, and the patient complains more and more of heaviness in the region of the kidneys; in the most fortunate event, the pus is discharged with the urine.

Complete suppression of the urine, typhoid and pu-

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trid symptoms, delirium, sopor, violent vomiting, hiccough, great anguish and restlessness, coldness of the extremities, repeated chills, are unfavourable symptoms. The simultaneous presence of inflammation of other organs, renders the prognosis still more doubtful.

§ 231. The best remedies for nephritis are: *Cantharides, Cannabis, Nux vom., Belladonna, Aconite, Pulsat., Hepar. sulph., Merc., Sulphur, Thuja, Cocculus, Colchicum.*

The treatment depends a good deal upon the cause of the disease. If the disease should have been caused by suppressed hemorrhage, or by abuse of spirituous drinks, *Nux vom.* will be found the best remedy, when the disease is characterized by tension, distention, pressure, heat, burning in the lumbar and renal region. Nux is likewise suitable for nephritis generally, provided the symptoms correspond; or for nephritis occasioned by gravel or suppression of the piles.

The causes just named, particularly suppressed, scanty, or delayed catamenia, point likewise to *Pulsatilla*, especially in patients with slender forms and irritable dispositions.

Belladonna, and in some cases, *Hepar sulphuris*, is indicated by the following symptoms: Stinging-burning pain in the region of the lumbar vertebræ, close to the spine, extending along the ureters down to the bladder, and recurring periodically with increased violence; it sometimes involves the abdomen below the umbilicus, and is aggravated by contact; colicky pains and cardialgia, heat and bloatedness in the region of the kidneys, a fiery urine, which is passed in small quantities; anguish and restlessness, constipation, etc., are likewise present.

One of the principal remedies for nephritis is *Cantharides*, particularly when sticking, tearing, and cutting pains in the lumbar and renal regions are present, the pains being aggravated by the least motion, setting in in paroxysms, and thereby suddenly interrupting the breathing; the emission of urine is very painful,

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and frequently impossible, or the urine is passed in drops with intolerable burning pains, mixed with blood. The fever is violent, the pulse frequent, full, rather hard; the thirst is great, the cheeks hot and red; loss of appetite; constipation; sleep is impeded by the violent pains and the urging to urinate, which is always greater at night; the patient always feels worse in the morning.

Cannabis is indicated by a drawing, ulcerative pain from the renal region to the groin, attended with anxiety and a qualmish sensation.

Cocculus, *Mercur.*, *Plumbum*, *Thuja* and *Colocynth*, are likewise useful in affections of the kidneys.

§ 232. *Cystitis, inflammation of the bladder.*

Inflammations of the bladder, are, generally speaking, rare and dangerous. They are generally accompanied with inflammation of the urethra, kidneys, and are sometimes occasioned by stones in the bladder. The pains are seated, continuous, burning, cutting, sticking, and are felt in the region of the bladder and perineum; they frequently extend over the whole abdomen towards the kidneys, frequently striking into the penis accompanied with painful erections, or into the rectum. The pain is aggravated by contact, motion, concussion; every effort to urinate is very painful, although the patient is tormented by a constant desire, with tenesmus of the sphincter vesicæ and ani. The urine is discharged in drops; it is thick, dark-red, turbid, frequently mixed with mucus, blood, or pus; in some cases the secretion of urine is totally suppressed. Gradually the bladder swells up into a tight, pear-shaped, extremely painful ball; the introduction of the catheter is either impossible or attended with horrible pain. Alvine evacuations are likewise painful. The fever is generally a synocha, the pulse is tight, full, the skin burning-hot, thirst violent, tongue whitish, afterwards red and dry. Accompanying symptoms are: great restlessness and anguish, prostration of strength, cerebral and typhoid symptoms, singultus, fainting spells, convulsions.

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§ 233. Cystitis runs a course of from five to fourteen days. Recovery takes place by means of critical secretions by the skin, critical urine or discharge of blood from the pelvic organs. Death ensues by paralysis. Suppuration and gangrene occur very rarely, and are extremely dangerous.

Exciting causes: cold; diuretics; frequent use of heating drinks; acrid injections in gonorrhœa; mechanical injuries, contusion, pressure, retroversion of the womb.

The prognosis is alway doubtful, particularly when the inflammation is very acute and involves a large portion of the bladder, with complete suppression of urine. It is more favourable when the inflammation was occasioned by a cold or by diuretics.

§ 234. For the synochal fever, *Aconite* should be exhibited and the treatment should otherwise be conducted with reference to the cause of the disease. If the inflammation should have been caused by cantharides, frequent small doses of a saturated solution of *Camphor* have to be administered, after which the remaining symptoms are controlled by other appropriate remedies.

If the inflammation be caused by a retroversion of the womb, this organ has to be replaced before other medicines can be used. If heating spirituous drinks be the cause of the disease, *Nux vom.* will be found the best remedy. If the disease should have arisen from suppression of the piles, arthritis, etc., the treatment does not require any particular reference to those conditions.

I have cured two cases of cystitis, arising from suppressed gonorrhœa, with *Cantharides;* the inflammation extended as far as the neck of the bladder, and was accompanied with distressing pain; the urine was discharged drop by drop, mixed with blood, the emission being accompanied with frightful burning; the patient could not find any relief in any situation. In the course of two days, all these dangerous symptoms had disappeared, and the gonorrhœal discharge was restored. The remaining pains in the urethra during

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micturition, the painful drawing in the testes and spermatic cords, the feeling of fulness in the region of the bladder, yielded to *Nux vom.* *Mezereum* may likewise prove useful for a similar condition.

Digitalis will be found useful in Ischuria with contractive pain in the bladder, the disease being more spasmodic than inflammatory. *Hyoscyam.* and *Puls.*, although not adapted to a completely developed cystitis, are likewise deserving of consideration.

In inflammation of the fundus of the bladder, with constant urging to urinate, induced by the slightest accumulation of urine, with pain at every contraction of the bladder, *Squilla maritima* will prove of great service.

Calc. carb., *Sepia*, *Lycop.*, *Caust.*, *Graph.*, *Kali carb.*, etc., should not be lost sight of in cystitis.

§ 235. *Metritis, hysteritis, inflammation of the uterus.* Metritis is either acute or chronic. We distinguish metritis parenchymatosa, or inflammation of the parenchyma of the uterus; metritis micosa, or endometritis, inflammation of the internal mucous membrane of the uterus; and metrophlebitis, or inflammation of the veins and lymphatic vessels of the uterus.

Metritis parenchymatosa is characterized by the following symptoms: More or less violent aching, pressing, boring, throbbing, or sticking pains deep in the pelvis, towards the small of the back, extending into the round ligaments or to the labia, sometimes even down to the knees along the ischiadic nerve, and generally accompanied with a troublesome sensation of heaviness in the womb. The pains are aggravated by pressure, motion, concussion of the abdomen, efforts to urinate or expel the fæces, internal examination; they frequently exacerbate like labour-pains; the patient is most comfortable in a recumbent posture, with her limbs drawn up. When the pain extends over a large surface, the peritoneum is generally involved. The uterus can be felt as a round body, sensitive to pressure. The examination by the vagina and anus is generally very painful; the vagina and the vaginal

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portion of the womb feel hot, swollen, dry; the latter is higher up in the pelvis.

According as the anterior or posterior wall of the uterus is affected, the rectum or bladder is sympathetically involved; the evacuations and the emission of urine are painful; there is tenesmus, strangury, ischury; sometimes stinging pains in the mammæ, headache, vertigo, buzzing in the ears, delirium, convulsions.

The fever sets in simultaneously with the local symptoms, transitory chilliness followed by heat, with full, irritated, tight pulse, whitish coating of the tongue, violent thirst, red urine.

When a considerable portion of the peritoneum is involved, the pains extend over the larger portion of the abdomen, with meteorism, nausea, vomiting, small and intermittent pulse, disfigured features; in this case the disease runs a rapid course, and frequently terminates fatally. When the vaginal portion is alone inflamed, there is a deep-seated pain in the pelvis.

All these symptoms are less violent when the uterus of an unmarried female is the seat of the disease; they are more violent and lead to miscarriage in the impregnated uterus, or shortly after parturition.

§ 236. The disease runs its course in from seven to fourteen days; chronic metritis has an indefinite duration. Recovery takes place with the critical phenomena which usually occur in fevers, and abatement of the topical phenomena, particularly with critical discharges of blood or purulent mucus. Metritis may likewise terminate in partial recovery, exudation, suppuration, gangrene; both the latter terminations are fatal.

Causes: The uterus is most disposed to inflammation at the time of the menses, during pregnancy, childbed, at the critical age.

The disease may be occasioned by either of the following causes: Rude management during confinement; pressure and contusion during parturition; irritation of the uterus by drugs, such as turpentine, crocus, sabina; retention of the placenta, of coagula, suppressed menses; taking cold by exposure of the

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feet or abdomen; inflammations of adjoining organs; injuries and retroversion of the uterus; emotions at a period when the action of the uterus is intensely excited, etc.

The prognosis depends upon the state of the uterus, upon the extent of the inflammation, and upon the more or less complicated nature of the disease. The danger is very great when the impregnated uterus is inflamed and when the peritoneum is involved, when there is great prostration, recurrence of chills, distortion of the features, small, intermittent pulse, fetid discharge from the vagina.

§ 237. *Nux vom.* has, in my hands, proved a most efficient remedy in metritis, whether the fundus, neck of the uterus, the anterior or posterior surface of the uterus was the seat of the inflammation. In some cases, where the fever commenced with a violent chill followed by great heat, with frequent and tight pulse and violent thirst, I have given *Aconite* previous to *Nux vom.* This remedy is indicated by the following symptoms: Aching pain over the ossa pubis, aggravated by pressure and an internal examination, violent pains in the small of the back and loins, constipation, or hard stools accompanied by burning-stinging pains, painful micturition or retention of urine, stinging and bruising pain of the abdomen during motion, cough and sneezing; increased temperature and swelling of the os uteri, attended with pain in the vagina; exacerbation in the morning-hours.

Belladonna is indispensable when the sensation of heaviness and dragging in the abdomen, which frequently increases to a painful pressing downwards, is excessive, accompanied with a stinging-burning pain over the ossa pubis, with pains in the small of the back as if it would break, stinging pains in the hip-joints which bear neither motion nor contact. (*Aconite* and *China* may likewise prove serviceable for those symptoms.) If the inflammation should set in after parturition, and the lochia should be suppressed, with retention or attachment of the placenta, or if an ichorous, fetid fluid should be discharged from the uterus,

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with violent burning and feeling of fulness in the vagina, *Belladonna* is specifically indicated.

Next to *Belladonna* we ought to mention *Mercurius solubilis*, which is indicated by a sticking, aching, or boring pain. *Rhus t.* and *Bryonia* may likewise sometimes be useful.

An inflammation occasioned by violent chagrin, after parturition, yields most speedily to *Chamomilla*. In such a case the lochia are generally more profuse, or, if white, change again to bloody, and even increase to metrorrhagia, with coagulated dark and black blood. For metritis occasioned by the abuse of Chamomile tea, *Nux v.*, *Ignat.* and *Puls.* are the best remedies.

China is a distinguished remedy after heavy labor, if the patient should have lost much blood, or if an excessive quantity of milk should be secreted, occasioning great debility, and developing a metritis in consequence. A characteristic indication for China is the discharge of fetid, sanguineous, purulent matter, which corrodes the parts and debilitates the patient.

An unexpected joy, during confinement, sometimes develops a condition of things bordering on metritis; this is most easily relieved by *Coffea*.

If metritis be attended with metrorrhagia, one of the remedies indicated for metrorrhagia will be found useful; if puerperal fever should supervene, one of the remedies indicated for that affection will be found suitable.

§ 238. *Oophoritis, Ophorites, inflammation of the ovary.*

We distinguish acute and chronic oophoritis.

Acute oophoritis is characterized by the following symptoms: The patient complains of a dull, more or less intense, sometimes rather burning, but more frequently stinging, pain in the groin. If the patient be examined on her back, with the limbs drawn up, a deep-seated swelling, of variable size, is felt through the abdominal wall, directly over the horizontal ramus of the pubes, on one side of the median line of the abdomen. The pain sometimes extends to the ad-

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joining parts, even to the thigh of the affected side, which feels numb and rigid; it is aggravated by the patient suddenly raising herself, and by straining at stool. The swelling is sometimes more distinctly felt by means of an examination per anum. If the swelling be large, the uterus is pushed to one side. There is generally a discharge of serum from the vagina, particularly during the fever paroxysm. The fever is either erethic or synochal, and is accompanied by a variety of nervous symptoms, such as, hysteric symptoms, spreading of the pain towards the stomach, nausea, spitting of water, vomiting, hysteric megrim, clarus, which is sometimes attended with convulsions, delirium, which generally bears the character of nymphomania, etc.

Chronic oophoritis is easily confounded with hysteria. The pain is duller, and is only felt at the time of the menses, during an embrace, and after bodily exertions. There is a bearing-down sensation in the pubic region and perineum; at times, metrorrhagia; at others, suppression of the menses, leucorrhea. The swelling is not distinctly perceived at first.

§ 239. Oophoritis rarely occurs on both sides at the same time; generally only on one side, and most frequently on the left. The disease occurs between the age of pubescence and the critical age. It may be occasioned by mechanical causes, rough handling during delivery or an embrace, abortion, onanism, suppression of the menses; or the inflammation may spread to the ovaries from adjoining parts.

Terminations: (1.) Dispersion, after eight days or a fortnight, with abatement of the painful sensations, and restoration of the menses or lochia. (2.) Suppuration, with increase of the throbbing pains, swelling, numbness in the thigh, with frequent recurrence of the chills, and suppurative fever. (3.) Hypertrophy, induration, or some other degeneration. (4.) Death, by extension of the inflammation to the peritoneum, by exudation, etc.

The prognosis depends upon the extent and character of the inflammation, and upon the diseases with

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which the inflammation happens to be complicated. According to Schoenlein, the prognosis is unfavourable, because the disease generally arises from moral causes which it is difficult for a physician to remove.

§ 240. For the synochal fever a few doses of *Aconite* are required in the first place, after which the proper specific remedy should be exhibited.

If the disease had been caused by a sedentary life, or the abuse of spirituous drinks, *Nux vom.* will be found efficacious.

If excessive venery or onanism was the cause of the inflammation, *China* is the best remedy; those practices should, of course, be discontinued. Other remedies, such as *Acidum phosphor.* and *Staphysagria* ought not to be overlooked.

If the pain should get worse during motion, *Bryonia* will prove most suitable; and if during rest, *Rhus tox.*

Arsenic is indicated when the pain is relieved by constantly moving the feet. *Colocynthis* may likewise prove serviceable for this symptom, particularly when the patient complains of boring, tensive pains in the region of the ovary.

If the disease should have been caused by disappointed love, and constant dwelling of the fancy on sexual things, the alternate use of *Ignatia*, *Staphys.*, and *Acidum phosphor.*, will accomplish a good deal. The best course in regard to the use of those remedies is, to select each according to the symptoms.

Platina is indicated by the following symptoms: Constant titillation in the internal sexual organs, obliging the patient to rub herself, and attended with complete nymphomania; when the characteristic pain in the region of the ovaries is, by pressure, changed to a contusive or bruised pain; when anxiety and oppression, palpitation of the heart, stitches in the fore part of the head, alternate sadness and excessive mirthfulness are present.

Belladonna is related to Platina, except that the nymphomania and the above-mentioned itching are not present.

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Ambra, Mercurius, Cantharides, Ignatia, Pulsatilla, and *Antim. cr.*, will likewise be found useful.

If the disease should be complicated with psora, the anti-psorics will have to be resorted to.

§ 241. *Inflammation of the labia and vulva.*

The labia are painful, burning, red, hard, dry, swollen. This inflammation runs the same course as all other inflammations. It arises particularly in recently married females, from rupture of the hymen, and narrowness of the vulva. The vagina is likewise swollen. Walking and sitting are very troublesome, on account of the painful burning.

The disease may likewise be caused by difficult labour.

The disease is easily cured by washing the parts with a solution of the tincture of *Arnica.* If wound-fever should be present, it will be found more expedient to give Arnica internally; or if the fever should have an inflammatory character, *Aconite.*

For erysipelatous swelling, and inflammation of the labia, with burning pain, and a sensation of fulness, tightness, and pressing down, *Belladonna* is the best remedy, no matter what the cause may be.

Mercurius is the best remedy for a lymphatic inflammation, swelling, and hardness.

An internal swelling of the vagina, resembling prolapsus, with burning, stinging pains, which are aggravated by contact, yield to *Nux vom.*

Sulphur, Carbo veg., and *Calc. c.*, deserve likewise to be mentioned.

§ 242. *Puerperal fever.*

This is an acute fever, to which lying-in women are exclusively liable, and which is generally accompanied with disturbance of one or more of the functions peculiar to those persons.

No disease has caused more lively discussion among physicians than puerperal fever; for no disease is more obscure than that malady.

The fever generally develops itself a few days after

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parturition. Its symptoms seem to constitute an acute peritonitis, where the fever frequently makes its appearance before the pain is felt, although there are cases where fever and pain appear simultaneously. The burning or cutting colicky pains are most frequently experienced in the umbilical region, whence they spread rapidly over the whole abdomen, and frequently become so violent that the least pressure or even touch is intolerable. Sometimes the fever exists without any pain. Meteorism sets in. Vomiting is frequently one of the first and most troublesome symptoms; the substances which the patient vomits up being at times like verdigris, dirty, bitter, and even fæcal matter; at others, a discoloured, blackish fluid, resembling coffee-dregs. This is a bad symptom, for it points to a gangrenous softening of the mucous membrane of the stomach. At times, obstinate constipation, at others profuse diarrhœa, with bilious, purulent, fetid, grayish, blackish, bloody discharges, is present. The face is extremely pale, with circumscribed redness and sunken appearance of the cheeks; it exhibits an expression of consternation and despair.

If the fever should occur at a time when epidemic or endemic diseases prevail, it is disposed to assume the character of these diseases. Generally the fever has an erethic character, but it may likewise be a synocha, or a fever with typhoid or putrid symptoms. The erethic fever sets in with chills, followed by heat which alternates with the chills for the first twenty-four hours, after which the heat becomes permanent, with irritated, hurried pulse, hot and dry skin, reddish urine, and abatement of the symptoms in the morning. These phenomena are more distinct when the fever is a synocha. If the fever have an adynamic character, the symptoms are: Sunken, disfigured countenance, prostration of strength, decreased painfulness of the abdomen, increased meteorism, vomiting, which cannot be allayed, diarrhœa, dry tongue and lips, which look as if coated over with soot, apathy, suppressed or discoloured, fetid lochia, small, very frequent pulse, dry or clammy, cool skin, miliaria, etc.

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§ 243. According to the symptoms, the fever ought to be classed as follows: Peritonitis erethica; peritonitis inflammatoria; peritonitis erysipelatosa or gastrico-biliosa; peritonitis typhosa, septica. The disease generally lasts from 5 to 15 days, but it may become fatal in from 2 to 3 days, or it may become a protracted disease. Terminations: Recovery, or else death by exudation, paralysis, etc.

The disease may be occasioned by colds, emotions, such as fright, fear, chagrin; injuries of the womb. Predisposing causes are: inflammation of adjoining parts, heavy labour, abuse of Chamomile-tea during and after parturition, and particularly the abominable practice of applying cold water to the pubic region to arrest metrorrhagia which set in soon after birth.

The prognosis is frequently unfavourable. If the patient be constitutionally feeble and cachectic, the prognosis is more unfavourable than if the patient should be robust and should generally enjoy good health. The prognosis depends likewise upon the character of the epidemic; upon the diseases with which the fever happens to be complicated; upon the period when the fever set in; for the sooner after parturition, the more acute the disease. The prognosis is unfavourable when the fever is attended with inflammation of the uterine veins and putrefaction of the uterus.

§ 244. The remedies corresponding to puerperal fever, are: *Aconite, Chamom., Bellad., Puls., Rhus t., Ipec., Bryon., Colocynthis, Coff., Hyoscyam., Stramon., Arn., Ars., Nux v., Mercur., Platin., Verat.*, and several others.

The treatment has always to be commenced with *Aconite*, if the symptoms correspond to an inflammation of the bowels, or if pleuritic symptoms should be present. Even in fevers which are attended with frequent paroxysms of anguish, repeated doses of *Aconite* are of great service, although *Ipec., Ars., Bryon.*, and other remedies are likewise indicated.

Before continuing our remarks on the treatment of

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puerperal fever, it seems expedient to speak of a disease which frequently co-exists with puerperal fever; we mean

§ 245. *Putrefaction of the uterus, or endometritis septica.*

This disease never occurs except in lying-in females, both after miscarriage and natural delivery. Precursory symptoms exist even during pregnancy, but they are so slight that no very dangerous disease is apprehended. Anomalies occur likewise during parturition, such as spasmodic pains, slow labor, exhaustion, symptoms which do not indicate the approach of any very dangerous disease. Local symptoms are: Burning pain over the symphysis pubis; on examination, the uterus is found contracted and hard; in other cases there is no pain, the uterus is distended, raised, the substance is soft, flaccid, insensible, the lochia are ichorous, and have a fetid smell. The labia are swollen, and gangrenous streaks are discovered in the vagina. The neck of the uterus is soft, burning-hot. not very painful, discharging a bloody ichor on pressure. The mammæ become flaccid, the flow of milk either stops suddenly or gradually.

The patient experiences chills, followed by heat; dry, hot skin, particularly in the palms of the hands. She does not complain of pain, but a feeling of indescribable weakness and languor of the extremities. The respiration is oppressed, the pulse frequent, small, feeble, wiry. There is a peculiar distortion of the features, great restlessness, anguish, unquenchable thirst, though the tongue is at first moist. The mind dwells upon thoughts of death. Little by little the skin becomes dead, like paper; there is a sensation as if a cool air were blowing on the parts, although the body is otherwise hot to the touch; delirium, grasping at flocks, irregular, laboured breathing, and even lock-jaw, supervene. These symptoms indicate putrefaction of the uterus, which is generally a fatal disease, inasmuch as death is near at hand when the

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symptoms are sufficiently developed to diagnose the disease.

§ 246. The disease lasts from 10 days to a fortnight. Women who lead a sedentary life, have much care and anxiety, live in damp dwellings, are most liable to it. The disease occurs either spontaneously or epidemically (in lying-in hospitals.)

Terminations: Recovery, by separation of the gangrenous parts, and abatement of the fever; suppuration, leading to phthisis of the uterus; death.

The prognosis is highly unfavourable. The more fetid the lochia, the more dangerous the disease; putrefaction occurring during pregnancy, or spontaneously, is likewise very dangerous. Livid complexion, and supervention of convulsions, are very dangerous symptoms.

§ 247. During a practice of 28 years, I have met with only three cases of putrefaction of the womb, attended with an eruption of rash on the trunk, and, during the last two days, with miliaria alba; all those cases proved fatal. *Aconite, Ipec., Bryon., China, Ars., Arn., Puls.*, seem to correspond to the disease, but are given without avail. The disease might perhaps be arrested if attacked during pregnancy, but the symptoms are so little developed that neither the patient nor the physician is aware of the approaching change. *Carbo animalis* or *veget.* might perhaps prove useful if the disease be fully developed. *Kreasot., Sec. corn., Phosphorus*, and *Nitr. ac.*, in large doses, correspond perhaps more than any other remedies to uterine affections and gangrenous symptoms of other organs.

Before resuming our remarks on the treatment of puerperal fever, we will first indicate the treatment of

§ 248. *Phlegmasia alba dolens.*

This is a species of phlebitis, with the following symptoms: In some the labia swell, in others the crural or the obturator vein. The swelling is tight, painful, of a strikingly white colour. The pain is tensive-tearing, increasing periodically, the part becoming rigid and immovable. Sometimes the pain commences in

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the bend of the knee, or in the calf, but never near the foot; the swelling never extends to those parts. Generally only one side is affected. In a few days a swelling and tension are perceived in the groin, extending as far as the labia, where the swelling terminates very sharply, and afterwards follows the inner border of the lower limb, as far as the bend of the knee and foot. As soon as the tension is experienced in the leg and foot, the thigh and afterwards the leg swell, after which the pain abates. The swelling now becomes general, and the limb frequently acquires double the natural size. It cannot be moved without great pain, is hot and very painful; the swelling is smooth, shining, pale, or of a milky white, opaque, homogeneous, and continuous all over; frequently, however, glandular indurations are felt in the groin, bend of the knee, or calf; at first, the swelling is elastic and unyielding, but afterwards pressure leaves pits. The fever commences with a violent chill, followed by heat, with a full, irritated, at first hard, and afterwards soft pulse. The disease is attended with bilious phenomena, such as jaundiced colour of the eye-ball, bitter taste in the mouth, loathing, sometimes vomiting, and affection of the liver.

The character of the disease is sub-acute. The disease terminates in recovery, suppuration, death, in consequence of pus getting into the circulation, and inducing a suppurative fever. The prognosis is not very favourable, particularly when the treatment commences late.

The last case which occurred in my practice was attended with a tertian fever, and a debilitating diarrhœa, and was completely cured in six days, by means of *Arsenic*. *Arnica* is said to have been employed by some with success, upon the supposition that the disease arose from the pressure of the fœtus upon the lymphatic vessels, as it passed through the pelvis. *Rhus tox.* and *Nux vom.* are likewise to be recommended. *Bryon.*, *Merc.*, *China*, *Bellad.*, *Veratr.*, *Puls.*, *Chamom.*, *Sulphur*, *Calc. carb.*, *Lycop.*, may likewise prove useful.

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§ 249. We shall now return to the treatment of puerperal fever.

Chamomilla is very suitable, provided it had not been abused during or after parturition, if a greater or lesser number of the following symptoms are present: Great restlessness, nervous excitement, dulness of the head, beating headache, particularly in the forehead, oppression of the chest, with shortness of breathing; flaccidity of the breasts, in consequence of the secretion of the milk being arrested; slimy, greenish, watery, or milky diarrhœic stools, which are frequently accompanied with cutting colic; excessive lochial discharge, with labour-like pains extending from the small of the back towards the front part of the abdomen, and regularly followed by a greater or lesser discharge of coagulated blood; pale yellowish complexion, occasionally and for a short time only yielding to flushes on the cheeks, with general fever-heat, and constant restlessness, anxious, agonizing tossing about, and delirium.

If these symptoms should not entirely yield to the action of Chamomilla, the remaining group of symptoms is sometimes easily controlled by *Rhus tox.* This remedy is sometimes indicated from the commencement, if the patient's nerves should be very much irritated, and the symptoms should be aggravated by the least chagrin, or if the white lochia should suddenly change to a bloody, coagulated discharge. *Chamomilla* is always indicated in puerperal fevers, when metrorrhagia is present, with discharge of dark, blackish, coagulated blood, which takes place in paroxysms, or when the hemorrhage is accompanied with violent labour-like pains in the uterus, with much thirst and coldness of the extremities.

Pulsatilla is suitable when the symptoms are opposite to the former; it is indicated when the features of the patient are expressive of her suffering, and a gentle disposition and great nervousness are present; when the lochial discharge had been suddenly suppressed, with a burning sensation of fulness in the internal sexual organs; it is furthermore indicated by

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paroxysms of nocturnal heat and anguish, palpitation of the heart, sleeplessness; the violent thirst is no counter-indication; it is indicated by diarrhœic stools rather than costiveness. Pulsatilla is an excellent remedy when the fever has been induced by the abuse of chamomile. It is an excellent remedy when the lochial discharge stopped prematurely or had been arrested by some sudden and violent emotion, such as fright, fear, chagrin, or by a cold; the timely exhibition of Puls. is apt to prevent the occurrence of puerperal fever consequent upon such causes.

Nux vom. is frequently suitable, particularly when the abuse of coffee or chamomile had been one of the exciting causes, provided the symptoms correspond. It is indicated by the following symptoms: Intense pains in the sacral and lumbar region; pricking and bruising pain of the abdomen during motion, contact, cough, or sneezing; bitter taste and eructations, loathing, nausea, even vomiting, dry lips and tongue, slimy or dingy yellowish coating of the tongue, sensation of heaviness in the sexual parts, with burning heat; suppression of the lochia; constipation, or hard stools, with burning-stinging pains in the rectum; painful micturition, or else retention of urine; dry, parchment-like, burning-hot skin, with great thirst, particularly a desire for cold drinks, full, hard pulse, and sometimes expression of anxiety in the features, and constant restlessness; the secretion of milk is rather increased than otherwise, inducing turgescence of the breast, with pressure and tension. *Nux v.* is generally more suitable when the excitement of the circulation has an erethic character.

When Nux is indicated, *Coffea* should likewise be thought of, particularly when coffee is not the habitual beverage of the patient. But even if this should be the case, Coffea, if indicated, will prove useful. It is required by the following symptoms: Excessive painfulness of the affected parts, excessive bodily and mental excitement, wakefulness, chill, with feverish warmth of the body, delirium, with open eyes, violent colic, with great irritability, which sometimes

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increases even to despair. *Bryonia* is indicated by similar symptoms, particularly when the breasts feel empty, (according to others when they feel full and turgid,) when the urine is secreted in larger quantity, the lochia are not suppressed, (or when bloody lochia again make their appearance,) and no pain is felt in the rectum during stool; the exciting causes which have been mentioned for *Nux vom.* should likewise be absent. Bryonia is more particularly indicated by depression of spirits, painful sticking in the region of one or the other ovary, aggravated by contact, and indicating an inflammatory condition of those parts, with painfulness of the thigh of the affected side, particularly during motion.

Belladonna 30, is indicated by the following symptoms: Disappearance of the milk from the mammæ, or else partial accumulation of milk with cord-shaped hardnesses, redness, radiating toward one point, (erysipelatous inflammation,) with stinging and tearing pains in the breast; short, oppressed breathing, anxiety; drawing, stinging, labour-like pains deep in the abdomen, with painful dragging towards the sexual parts and anus, and constant urging to stool, without ability to satisfy the desire, on account of a spasmodic constriction of the rectum, (for which Belladonna is a specific;) discharge of coagulated, fetid, black blood, or suppression of the lochial discharge; meteorism of the whole abdomen, without eructations or emission of flatulence, stinging-digging pains in the abdomen, which are aggravated by contact, and attended by constant irritation in the chest, and short cough; burning heat of the whole body, particularly of the forehead and palms of the hands, sweat on the rest of the body, and violent or moderate thirst, sometimes attended with impeded deglutition; excessive headache, a sort of pressing and pushing, particularly in the forehead, distention of the vesels of the head, and turgescence of the vessels of the scleratica, with contraction or dilatation of the pupils, imparting to the eyes a glassy appearance; these symptoms are sometimes accompanied with illusions of sight, scintilla-

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tions, luminous vibrations and colours before the eyes, or even with amaurotic blindness; headache, which is increased by motion or noise, or even by the mere motion of the eyeballs, and is frequently so excessive that the patient loses her senses and is attacked with furious delirium; the sleep is disturbed, and not refreshing, the patient being constantly tossing about. Belladonna always deserves consideration when a puerperal fever has a typhoid character, or inclines to typhus, when symptoms of an inflammatory irritation of the meningeal membranes or brain is present, and when it was caused by violent emotions.

Arsenic is a distinguished remedy in puerperal fever. It is indicated by the following symptoms: Burning, or burning-gnawing pains in the interior of the offended parts, with inability to lie on the affected side, and diminution of the pains during motion. Excessive anguish, with sudden prostration of strength, sunken, extinct eyes, yellow, livid complexion, nightly sleeplessness, restlessness, tossing about, and sensation as if burning-hot water were running through the blood-vessels: sleep disturbed by frightful and anxious dreams. The Arsenic-fever is always very violent; the heat is burning and dry with great thirst, frequent drinking, though little at a time, dry and parched lips, phlyctænæ about the mouth, nausea, and aversion to food, bilious vomiting, violent aching-burning pains in the abdominal organs, meteorism, oppressive pains in the chest, dizziness and headache, restlessness, delirium, small, feeble, intermittent pulse, etc.

Colocynthis is indispensable in puerperal fevers occasioned by indignation, chagrin, on account of unworthy treatment; they commence with fainting fits and sleeplessness, and are characterized by feverish heat, hot, dry skin, hard, full, and quick pulse, alternate sopor and delirium, with the eyes open, disposition to escape, heat about the head, stinging in the eyes and forehead, dark-red face, yellowish-coated tongue, bitter taste in the mouth, and of everything the patient eats, colic and diarrhœa after taking the least nourishment, with pain in the pit of the stomach on touch-

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ing it; perceptible beating of the heart and all the arteries.

Arnica deserves a preference over all other remedies, if a condition resembling puerperal fever should have been developed by injuries occurring during parturition.

Hyoscyamus is a principal remedy in such fevers, particularly when typhoid symptoms predominate, with frequent discharge of coagula and spasmodic symptoms of the whole body or of single parts, trismus, starting of the whole body or extremities; and when these symptoms owe their origin to emotions of various kinds, *Stramonium* is related to Hyoscyamus.

Platina is indicated by irritation of the sexual organs, which frequently increases to nymphomania, and is accompanied with copious discharge of thick blood; the patient complains of a painful pressing down in the sexual organs, and distressing pain in the small of the back, with almost constant internal chills; violent pressing pain in the forehead, which is aggravated by every motion, and is attended with anguish, an anxious burning heat in the face, great thirst, and apprehensions of death. *Sepia*, *Belladonna*, *Crocus*, are likewise more or less indicated by those symptoms.

The diet should consist of light soups or broth, with a little bread, gruel, sago, vermicelli; after the fever has abated, a more substantial but easily digestible kind of nourishment may be substituted. Toast-water, sweetened with sugar, cherry or raspberry-juice, are the best kinds of beverage for the patient.

§ 250. *Milk-fever of lying-in females. Febris lactea.* Utero-gestation and lactation are natural states, which are not characterized by any morbid symptoms, unless some pre-existing cause in the female organism should develop them. The same may be said of milk-fever, on the third, fourth, or sixth day after parturition. The appearance of the milk in the breast is a purely physiological act, which is not necessarily accompanied by any morbid phenomena. Nevertheless, we discover in some lying-in females a

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group of morbid symptoms, such as chills, heat, thirst, and sweat; the pulse, which is at first small, gradually becomes fuller, and is sometimes even quite full, and is generally moderately quick, soft, and regular; the exacerbation usually sets in in the evening; towards morning perspiration sets in with relief. Sometimes this kind of fever is attended with drawing pains from the back to the breasts, headache, loss of appetite, flat taste, etc. The paroxysm of fever frequently comes on again on the day following; upon the whole, however, the symptoms are very light, and the general health is but slightly disturbed.

After parturition, the irritability of the nervous system is, of course, increased, so that even a slight cold, emotions, slight dietetic transgressions, and particularly a morbid irritation of the organs which are of particular importance after parturition, the breasts, nipples, sexual parts, may occasion such a fever as has been spoken of above. This kind of morbid irritation may be induced by weaning, after-pains, tumors, injuries, etc.

Inasmuch as the most important diseases sometimes arise from trifling causes in lying-in females, the attending physician should always ascertain whether such fevers are accompanied with disturbance of any of the more important functions of a lying-in female.

§ 251. If the milk-fever should be very slight, it can easily be controlled by diet, and a moderate exercise of the function of nursing.

For the more violent degrees of this fever, the following remedies are indicated: *Puls.*, *Arn.*, *Aconite*, *Bellad.*, *Bryon.*, *Coff.*, *Ignat.*, *Chamom.*, *Mercur.*, *Opium.* If the fever should have been caused by a cold, and should have the character of a rheumatic fever, *Pulsatilla* sometimes removes it. If the fever should be a synocha, *Aconite* is the well known remedy. If there should be less synochal fever, and the rheumatic pains in the chest and mammæ more striking, *Bryonia* is the most useful remedy, and removes the morbid condition in a few hours. If the fever should be more acute, with inflammatory symptoms in the mammæ,

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(erysipelatous inflammation,) *Belladonna* is the most important remedy. If the fever should be occasioned by too sudden and too copious a secretion of milk, *Rhus tox.* will easily remove it.

Such fevers are frequently occasioned by emotions. Sudden joy, for instance, frequently increases the natural irritability of the nervous system in lying-in females to a dangerous extent. *Coffea* is the best remedy for morbid conditions induced by such causes. If the fever should have been induced by violent chagrin, *Chamomilla* is the well-known specific, which, if the fever should be violent, may be preceded by a few doses of *Aconite.* If fright should have been the exciting cause, *Opium* will generally be found to correspond to the symptoms. Milk-fever caused by fright and chagrin, is most easily removed by *Aconite.* Fevers arising from internal mortification and grief, yield to *Ignatia.* If fear should have been the exciting cause, *Puls.* or *Belladonna* will be found sufficient. Fevers induced by a sudden ebullition of temper are most easily removed by *Nux vom.*; if caused by well-founded chagrin, *Staphysagria* is the best remedy.

Gastric derangements, with fever, induced by dietetic trangressions during the period of confinement, are treated like gastric affections generally.

If such derangements should have been induced by morbid irritations of any of the organs which are of particular importance during the period of confinement, the treatment has to be conducted with reference to that cause. If mechanical injuries of the sexual organs should be the cause, *Arnica* is to be given internally; and if the wound should be considerable, the external use of Arnica should not be omitted.

If the derangements should have been occasioned by after-pains, *Coffea, Chamomilla, Nux vom., Puls.,* or *Arnica,* are indicated. *Coffea* is indicated by an excessive spasmodic pain, as if all the bowels would be torn. Convulsions frequently supervene; the body bends double, hands and feet start, the patients lament in the most piteous manner, grate their teeth, become

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cold and stiff. *Pulsatilla* may be suitable to patients with gentle dispositions, if the fever should have been caused by violent after-pains; if the patient should be very irritable, and start at the least surprise, *Puls.* would be so much more indicated. *Crocus* will be found suitable when the fever is accompanied with lancinations in the sexual organs, groin, and from both sides to the small of the back, and when a black, dark, viscid blood is secreted, beyond the normal period. An additional indication for Chamomilla in milk-fever is the passage of coagula, attended with the most violent after-pains. Sometimes these kinds of fever are successfully treated with *Nux vom.*, particularly when violent after-pains are present, which occasion an urging to stool during a recumbent posture, which disappears as soon as the patient sits down to relieve the bowels, and is then followed by spasmodic pains in the uterus and bladder. *Arnica* is the principal remedy when these fevers arise from pressure and contusion of the uterus, or from injuries received during parturition. Females who wean their infants, should keep their breasts covered with cotton or matting, and should moreover take *Bryonia*, *Belladonna*, or *Mercurius*.

§ 252. *Mastitis, Inflammation of the mammæ.*

Mastitis occurs most frequently after parturition. At such periods the breasts require particular care and attention. Affections of the breast do not always arise from bad management after parturition; they frequently occur in consequence of the increased functions which those organs are called upon to perform at such periods.

§ 253. *Soreness of the nipples* is one of the most frequent occurrences during lactation, and induces many mothers to wean their infants at an early period. The nipples become painful, particularly while the infant is engaged in the act of nursing; upon close examination, it will be found that the epidermis has become detached, and that the parts where this has taken place are inflamed. If this inconvenience should not

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soon be removed, the nipples crack, and blood is apt to be drawn from such rhagades by the infant.

An excellent remedy for this affection is the tincture of *Arnica*, five, ten, fifteen or more drops to one hundred drops of water applied externally. The nipples require to be moistened with this solution every time the infant has been nursing, and before putting it again to the breast, the nipples have to be washed with tepid water. If the soreness should not be completely removed under the use of Arnica within two days, *Sulphur* should be exhibited, inasmuch as the affection, in such a case, evidently depends upon psora. In some cases *Chamomilla*, *Calcarea*, *Lycopodium*, *Phosphorus*, *Silicea*, *Sepia*, *Graphites*, are indicated from the commencement. The last-named remedy has been found particularly suitable when the inflammation around the nipple was of an erysipelatous nature. *Graphites* is likewise indicated when the mother had been formerly affected with scrofulous cutaneous eruptions, particularly tinea capitis, and continues to complain of a corrosive itching of the scalp, with a quantity of bran-like scales.

§ 254. Mastitis generally arises from stagnation of the milk in the breasts, from violent emotions, etc. When the breasts are inflamed, they are generally hard; the lactiferous tubes feel like knotty cords affected with tension and pressure, and which afterwards become inflamed. The surface of the breasts either wholly or here and there only, becomes red; a violent stinging pain is experienced, with burning, swelling, hardness, heat, and general febrile symptoms. When the inflammation is very violent, the secretion of milk ceases. A similar condition frequently sets in after weaning.

If the inflammation be not fully developed, *Bryonia* is the principal remedy; but if it should be very acute, *Belladonna* has to be exhibited. These two remedies, even if they should not remove the difficulty entirely, yet meliorate the condition of the breasts, leaving slight hardnesses here and there, without much pain.

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In females tainted with dyscrasia of one kind or another, these remedies will prove insufficient, and *Sulphur, Conium, Carbo anim. or veg., Graphites, Phosphor., Silic.,* will have to be resorted to. *Phosphorus* is an excellent remedy in erysipelatous inflammation of the breasts, when inflammation is on the point of setting in or has actually commenced.

In suppuration of the breasts, which is exceedingly apt to set in after inflammation, *Silic., Kreasot., Mercur., Carbo anim., Phosphorus,* are excellent remedies. *Silicea* is particularly useful when portions of the breast have been destroyed by the suppurative process.

§ 255. *Orchitis, inflammation of the testicles.*

Not only the testicles, but the whole spermatic cord up to the abdominal ring, is involved in the swelling; the pains are stinging, tearing, although permanent, yet at times more violent than at others, as in rheumatism. The skin of the scrotum is not very tight, nor is it red or shining; it does not exhibit any great alterations of any kind. If the disease should have been occasioned by a cold, muscular parts are likewise affected with tearing and drawing pains. The fever is either synochal or erethic.

In traumatic orchitis, occasioned by external injuries, the swelling is generally more considerable than in the former kind, and the sensitiveness to contact is likewise greater. The testicle is drawn up to the abdominal ring.

The swelling is most violent in orchitis gonorrhoica, which generally comes on in consequence of cold, and is accompanied with suppression of the gonorrhœal discharge.

§ 256. We have already stated, in other parts of this work, that *Arnica* is a specific remedy for affections arising from external injuries, contusions, bruises, strains, or tearing of solids. It is likewise an excellent remedy for orchitis arising from mechanical causes. If the inflammation and fever should be very acute, the exhibition of Arnica may be preceded by a few doses of

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Aconite. Contusions of glandular organs, and their consequences, are sometimes removed by *Conium*, to which we will add *Calendula officinalis*. Chronic indurations of the glands and testes frequently yield permanently to a few doses of *Rhododendron chrysanthum*.

In rheumatic and erysipelatous orchitis, the following remedies are the most suitable: *Bryonia*, *Belladonna*, *Rhus tox.*, *Puls.*, *Mercurius*, etc. *Clematis* is an excellent remedy when the swollen and indurated testicle is painful and sensitive, and a drawing is felt from the testicle along the spermatic cord; a crampy and bruised feeling when touched, with drawing and stretching in the lumbar region, thigh, and scrotum, is frequently present. In erysipelatous orchitis, *Arsenic* should not be left out of consideration.

In gonorrhœal orchitis, *Mercurius* is frequently the most suitable remedy. *Pulsatilla* may prove useful for a painful drawing and stretching along the spermatic cord to the inflamed testicle, both those organs feeling bruised when touched. In other cases, *Clematis erecta* may be indicated; in others again, *Acidum nitricum;* if inflammatory fever should be present, a few doses of *Aconite* should be exhibited, previous to resorting to the more specific remedies. I have found the second and third trituration of *Mercurius solubilis* the best remedy for induration of the testicles, though, in some cases, *Aurum* may deserve a preference over Mercury.

If the pain in the swollen testicle should be a crampy, contusive, choking pain, with dull stitches striking suddenly through the part, and reaching into the swollen spermatic cord, *Spongia* is the most suitable remedy. *Spongia*, *Iodium*, positive electricity, and *Mezereum*, are likewise excellent remedies for induration of the testes.

Pulsatilla and *Staphysagria*, especially the latter, are excellent remedies for an aching pain and drawing-burning stitches in the testes and spermatic cords. *Carbo* should not be overlooked.

There is a species of orchitis where the affected

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testicle swells up to the size of a child's head, particularly under the allœopathic use of Mercury, and where, according to the doctrines of the old school, the sick testicle cannot be cured without an operation. This affection frequently yields to a single remedy, particularly *China, Aurum, Sulphur.*

§ 257. *Encephalitis, cephalitis, meningitis, phrenitis, inflammation of the meningeal membranes.*

The nature of the brain and its surrounding membranes gives rise to a variety of inflammations of that organ. Inflammations of the dura mater are very rare; the arachnoid membrane is more frequently inflamed, and the pia mater, which is exceedingly vascular, most frequently. An inflammation of the latter membrane frequently borders on synocha. If the cortical substance should be the seat of the inflammation, it is still more intense. In inflammation of the medullary substance, the inflammatory phenomena are less marked, but the nervous symptoms are so much more prominent. We know all this from post-mortem examination.

We shall include the symptoms of the different varieties of encephalitis in one group, for the reason that it is scarcely possible to separate them from each other, and that such a separation, even if it were possible, would have no practical value. Encephalitis is either acute or chronic, at times furribond, of various degrees of intensity, with delirium, convulsions; at others, with pressure on the brain, depression of the cerebral functions, coma, paralysis; at times, the symptoms resemble apoplexy.

The precursory symptoms of encephalitis, attended with congestion of the brain, are: Dull pain through the whole head, sensation of fulness, confusion of the head, red and bloated face; throbbing of the carotids; sensation of rushing of blood in the head; increased irritability, vertigo, sleeplessness, restless sleep, which is disturbed by dreams, and starting, as if in affright; or sopor, inability to think; cloudiness of sight, photophobia, diplopia, buzzing in the ears, hardness of

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hearing, unsteady gait; formication in the limbs, stammering speech. The pulse is full, sometimes suppressed, and generally accelerated; the heart beats, and the nose bleeds. These are the most ordinary symptoms of encephalitis, which, when increasing, change to a dull, aching pain throughout the brain.

After a shorter or longer precursory stage, and sometimes suddenly, a digging-up, beating, boring, or frequently a dull headache, sets in, extending from the occiput over the whole head, and increasing considerably on moving and shaking the head. The patient's head feels hot and burning. He frequently grasps at it, while in a state of unconsciousness. The countenance has a wild and threatening expression, with redness and turgescence, shining and injected eyes, photophobia, contraction of the pupils, disturbance of the sensual functions, stupefaction, sopor, and bland delirium, or else excessive sensitiveness, the patient being painfully affected by the least noise; the eye is wild and staring, with furious delirium, increasing unto rage, attended with a desire to commit acts of violence, and with unusual muscular power, particularly towards evening. Spasmodic or tetanic contractions of the muscles, strabismus, distortion of the eyes, grating of the teeth, are frequently present; likewise sympathetic vomiting, in many cases. The fever is generally a synocha; the heat is great, tongue dry. thirst intense, urine saturated, but sometimes clear, spastic. The pulse is generally small, frequent, and tremulous.

§ 258. Causes: Keeping the head too warm; action of the sun on the bare head, nightly mental exertions, violent emotions, metastasis, abuse of spirituous drinks, onanism, mechanical injuries, worms, suppression of cutaneous eruptions, of bloody discharges, etc.

Course and terminations of the disease: It may become fatal in 24 hours; in full-grown persons it runs a course of from three to four days, but may last from seven days to a fortnight. It terminates in: (1.) Recovery. (2.) Softening, suppuration, with increased

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delirium, convulsions, etc., coma, paralysis set in; suppuration is attended with chills alternating with heat, etc.; sometimes the pus discharges by the ears. (3.) Exudation, which is not very rare among infants, inasmuch as the serous coat is very frequently the seat of the inflammation; this termination is always fatal. Death, however, may likewise take place by apoplexy, or paralysis of the brain. Encephalitis sometimes leaves vertigo, chronic headache, weakness of memory, strabismus, mental derangement, etc.; acute encephalitis may likewise pass into a chronic form.

Under the homœopathic treatment, the prognosis is much more favourable than under the allœopathic treatment, which, even now, though much more conformable to nature than formerly, is still very uncertain and dangerous. Sopor, grating of the teeth, strabismus, paralysis, singultus, masticating motion of the jaws, vomiting of black or grass-green substances, rumbling noise during deglutition, etc., are bad symptoms. If spasms alternate with delirium and coma, the prognosis is bad. Favourable symptoms are: bleeding at the nose, discharge from the ears, reappearance of suppressed secretions, etc.

§ 259. It has already been stated above, that there is a great variety of cerebral inflammations which are more or less violent. The fever is either synochal or typhoid. Encephalitis may likewise develop gastric symptoms. It occurs most frequently in children, particularly in those with prominent foreheads, and is apt to increase to acute hydrocephalus. Congestions of the brain, resembling encephalitis, are likewise frequent among children. A cerebral irritation is likewise apt to occur in infants, after weaning, and is characterized by a good deal of screaming, tossing about, redness and bloatedness of the face and eyes, and complete sleeplessness. It also exists in infants when they cease to vomit up the milk, which takes place during the first weeks after parturition, and is very conducive to the health of the infants; they refuse to nurse when the vomiting stops.

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Belladonna is the principal remedy for encephalitis, particularly in the above-mentioned cases of infants, and is more especially indicated by the following symptoms: Constant boring with the head into the pillow, excessive sensitiveness to noise and light, sopor, great heat in the head, red and bloated face, with visible throbbing of the carotid and temporal arteries, swelling of the veins, and the other symptoms mentioned in the preceding paragraph; sometimes hydrophobia phenomena are present.

If there should be a true synochal fever, it is advisable to give a few doses of *Aconite*, previous to the exhibition of Belladonna, even in acute hydrocephalus.

Encephalitis occasioned by insolution, is probably most easily cured by *Camphor*. In a case of stupor, with sopor, occasioned by a stroke of the sun, *Opium* afforded speedy relief.

Encephalitis erysipelatosa is a species of inflammation accompanying external injuries of the head, or occasioned by the sudden suppression of an acute cutaneous eruption or erysipelatous inflammation, particularly of the face; the meningeal membranes are the seat of the inflammation, which manifests itself by sudden, violent headache, delirium, etc. This species of encephalitis frequently leads to hydrocephalus. For this affection, *Belladonna* is likewise one of the most suitable remedies, which only yields to *Rhus tox.*, when the inflammation was occasioned by the sudden suppression of erysipelas of the face. Encephalitis consequent upon the sudden disappearance of otitis, sometimes requires *Pulsatilla*. *Belladonna*, however, is the specific remedy when the cerebral inflammation is occasioned by suppression of scarlatina or purple-rush, or when it exists simultaneously with either of these affections. If such an inflammation should threaten to pass into hydrocephalus, *Merc. sol.* will frequently be able to prevent this. If effusion should actually have set in, *Belladonna* and *Mercurius* may still prove useful, but *Arnica* or *Digitalis*, or perhaps some other remedy as yet unknown to me, will

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be more suitable. The symptoms of incipient acute hydrocephalus, without previous inflammation, are frequently rapidly and permanently removed by a dose of *Aconite* followed by *Belladonna*.

In typhoid meningitis, the remedies which have been mentioned for typhus require to be resorted to, especially *Bryonia*, *Cantharides*, *Helleborus*, *Hyoscyamus*, and *Stramonium*.

§ 260. *Delirium tremens, phrenesia, or encephalitis potatorum.*

This disease is partly of a physical, partly of a psychical nature. It is generally preceded by pressure in the region of the stomach or liver, loss of appetite, vomiting of water, tremor when not in a state of intoxication, languor, confusion of the head, restless sleep or else sleeplessness, anguish, unsteadiness and vehemence, quarrelsomeness, and lowness of spirits. These symptoms precede the attack for days and weeks, after which the paroxysm sets in suddenly, in consequence of an intoxication.

Although the disease may be brought on by the abuse of any kind of spirituous drink, yet it is principally occasioned by brandy, and more particularly in individuals of an ardent disposition, lively fancy, sanguine and choleric temperament, and general nervous irritability, and who have been suffering with gastric derangement, nocturnal restlessness, and mental derangement.

§ 261. We have already stated above, that the attack is preceded by derangements of the abdominal organs, loss of appetite, vomiting, constipation, which sometimes alternates with diarrhœa, increasing, in some instances, to a perfect cholera morbus. Symptoms of mental derangement are likewise present; ill-humour, weakness of memory, anxiety, confusion of ideas. The patient stutters, the movements of the body become unsteady, the sleep is unrefreshing and disturbed, with unpleasant dreams; there is great disposition to sweat, and the patient is troubled with illusions of sight and hearing. The more the disease progresses,

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the more sleep becomes disturbed, and the fancies with which the patient was haunted during sleep, continue even in the waking state, and are supposed by him to be realities. Little by little sleep ceases entirely, the looks and manners of the patient betray great internal uneasiness and anxiety; he talks a good deal, seems very busy, and finally becomes delirious, the delirium being sometimes of a merry, at others of a vehement character, the latter particularly when the patient's desires are opposed; at times the patient is tormented with anguish, and apprehension of imaginary dangers. The strange and peculiar expression of the eye and features is characterized by an awkward desire to conceal the internal state; if, however, the patient should be troubled with one fixed idea only, those attempts at concealment do not exist. The patient is, as it were, in a waking dream, from which he can be roused for a short time, by speaking to him, or by other impressions: when roused, he talks rationally, considers himself sick, which is not the case otherwise, asks for aid, after which he relapses into his dreams. When the paroxysms are at their height, he is apt to confound persons well known to him with others. He expresses his fancies by his gestures, which are sometimes very comical on that account. The patient is exceedingly jealous. He does not like to be left alone, because his anxiety increases in solitude and when in bed. It is difficult to keep him in bed, particularly towards the termination of the malady, and any attempt to oppose his leaving the bed and walking about the room, frequently induces a fit of rage. The disease generally exacerbates towards evening. On account of the violent starting and trembling of all the limbs, it is difficult to determine the pulse with any degree of accuracy. The upper limbs tremble more than the lower, even before the attack has set in; the trembling is worse after the attack has set in, and diminishes or increases with the disease. The more feeble the patient, the more profuse the sweat, which generally smells sour and is cool; sometimes the sweat is entirely wanting.

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The tongue is generally coated whitish, the thirst is not very great, the appetite scanty, stool sluggish, or even suppressed, the secretion of urine is likewise diminished. In consequence of the congestions of the head, which are always present, the face is red, though it has sometimes a jaundiced appearance. At the commencement of the disease, when the patient has not yet lost his senses, he frequently complains of heat in the head, headache, and buzzing in the ears; afterwards the eyes and eyelids turn red.

The disease sometimes runs its course in a few hours, or in a few days, or even in some days or weeks; hence we distinguish acute and chronic delirium tremens.

Terminations: (1.) In recovery, by sleep, which sometimes lasts 24 hours, the trembling ceases, the face brightens up, bilious discharges from the bowels take place. Relapses are apt to set in after the least excesses. (2.) In death, by paralysis of the brain, or apoplexy.

The prognosis is rather favourable; it depends upon the mode of treatment.

§ 262. I am unable to say, for want of sufficient experience, whether the last stage of this disease can be cured by homœopathic remedies. As regards the first stages of this disease, it is certain that they can be cured, and that the development of the disease can be arrested.

One of the best specifics for delirium tremens arising from abuse of brandy, even if the disease should be considerably advanced, is *Nux vomica*. To promote the cure, the patient should be given small portions of brandy, in water, one portion of brandy to three portions of water; this will bring on sleep, without interfering with the suitable specific.

Coffea Cruda is an excellent remedy to regulate the excessive irritability of the nervous system, to quiet the fancy and excessive muscular mobility. Every homœopath knows that our mode of changing crude drugs to remedial agents, alters the original substance to such an extent that the homœopathic pre-

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paration, as, in this instance, *Coffea*, will be found sufficient, even if the same substance should have been constantly used by the patient in its crude state.

Arsenic is an excellent remedy for trembling of the limbs, pale, jaundiced complexion, bloated face, cold and blue skin, fainting fits, particularly during vomiting, anxious heat, starting, anguish, melancholy, sadness, despondency, vehemence, or derangement of the will-faculty generally, etc.*

Opium is likewise a very useful remedy in delirium tremens, inasmuch as it increases the irritability and action of the voluntary, and diminishes those of the involuntary muscles; hence the slower pulse, the suppression of stool, etc.; on its secondary action, it exalts the fancy and courage, and stupefies, at the same time, the sentient power and the consciousness. As *Nux v.* is a specific remedy for this disease in the first stage, so is *Opium* in the second. and should at once be substituted for the former remedy if the disease progresses uncontrollably towards the second stage.

Camphor seems to me a suitable remedy when the nervous excitement, the mobility and tremor of the limbs, do not yield to any of the above-named remedies. As opium corresponds to Nux, so does Camphor to Coffea, and will be exhibited with advantage if the latter remedy, though indicated, should prove of no avail.

According to some, *Stramonium*, one or two doses, is frequently indicated. *Hyoscyamus*, in alternation with *Belladonna*, is said to have cured a case very much like delirium tremens, though not entirely the same. Some maintain likewise that *Nux vom.* is only useful in the stage of convalescence.

For the remaining mental derangement, mania,

* A characteristic indication for Arsenic is this: Vermin crawling about the bed, ugly animals staring at the patient, strange faces, etc. At the same time the patient seems to talk rationally. One of them asked me repeatedly to remove the vermin from the bed-clothes; it seemed to be his honest belief that the vermin was there He likewise saw money, dice, etc., and begged me to pick them up for him. He was cured with Arsenic, in a week. I had cured him of delirium tremens four times.—*Hempel.*

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craziness, idiocy, (which is more frequent in females,) paralysis, habitual sweats, dyspepsia, cachexia, organic diseases of the liver, etc., *Nux vom.* is likewise the most suitable remedy, though *Veratrum*, *Acid. phosphor.*, *Aurum*, etc., are likewise very valuable in some cases.

For the inclination which some men possess to drink from morning to night, in order to keep themselves in a constant state of intoxication, I have administered the *tincture of sulphur* with great success.

§ 263. *Acute hydrocephalus.*

Acute hydrocephalus runs a regular course, like all other acute diseases, particularly encephalitis; it is, in fact, nothing else than an inflammation of the brain with effusion.

Formerly, the phenomena and course of the disease were very little understood. Thanks to the discoveries of Formey and Gœlis, it is much easier now to diagnose this disease, and to trace it through its various stages. Among children, those from two to six years old are most liable to it. It attacks even children of the best constitution. In some families there prevails a natural disposition for that disease. A dangerous symptom is, if death by hydrocephalus did occur in a family. Other dangerous indications for the probable development of hydrocephalus are: Globular shape of the head, prominence of the anterior and posterior portions of the head, with sunken eyes, and the fontanels remaining open, much vivacity, premature mental development, disposition to nose-bleed; the new-born infant looks feeble, sickly, without strength or intellectual expression, sleeps a good deal, has a vacant and staring look on waking; want of sensibility; retarded and imperfect development of body and mind.

(1.) The precursory stage. This is not always present, or at any rate, not distinctly perceptible; in infants, particularly, it is sometimes overlooked, or is supposed to indicate a different disease. This stage sometimes lasts only a few hours, at other times a

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few days, and does not offer any of the characteristic symptoms of acute hydrocephalus. It is recognised by the following symptoms: The child, which was previously able to run about with ease, has an unsteady, vacillating gait; he raises his feet high from the floor, and is liable to fall on a level floor, even in the room. This unsteadiness communicates itself to the whole body. We observe, moreover, a sudden change of disposition; in the place of the former cheerfulness and lightness of heart, the children become morose, peevish. On moving the head suddenly, for instance, or raising it in a recumbent posture, vertigo, or a sudden stupefaction is experienced. In some cases, the secretion of urine is scanty, in others the urine is turbid, flocculent, opalescent. Some authors number a fine, dry, colourless eruption on the outer side of the upper arm, on the cheeks and lips, among the precursory symptoms of hydrocephalus.

Beside these characteristic symptoms, there are some that are less characteristic, such as loss of the blooming appearance, sudden change of complexion, diminished appetite, restless sleep, during which the children moan, groan, start up as in affright, alternation of creeping chills and flushes of heat; a pulse of the ordinary rapidity, but intermitting at times, or beating more feebly. If these less characteristic symptoms should co-exist with the above-mentioned characteristic ones, the physician will be led to suspect the approach of hydrocephalus, and will watch the development of the symptoms with redoubled attention.

§ 264. The most suitable remedy for the above-described symptoms of the precursory stage is *Pulsatilla*. It corresponds more especially to the tottering gait, the vertigo, and the deranged secretion of urine. The moral condition of the patient in this stage of hydrocephalus is likewise one of the best indications for Pulsatilla. *Belladonna* is preferable to Pulsatilla, when the gait of the patient is not so much unsteady and tottering as vacillating, when the urine is scanty but of a natural colour, and when the above-mentioned eruption is distinctly perceptible. Cases may like-

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wise occur where *Ipec.*, *Chamom.*, *Ignat.*, and *Bryon.*, are indicated. In some cases, the above-mentioned precursory symptoms exist without any further development; the children are very backward in learning to walk, and the continuance of the aforementioned symptoms points to the existence of a more deep-seated affection. No other symptoms are seen except a want of power to walk. For this difficulty, I have frequently administered *Causticum* with benefit.

§ 265. *First stage, irritative stage.* This stage is characterized by the following symptoms: Violent headache, particularly in the forehead and temporal region, with pressure in the eyes. Infants express this pain by moaning and grasping at the forehead; disposition to vomit, and actual vomiting, which is less apt to occur in a quiet position, and is excited by raising the child, carrying it about, moving it to and fro, or by any other motion; liquids are more readily vomited up than solid food. The more the disease develops itself towards the following stage, the less vomiting there is. A characteristic symptom is the increased sensibility of the eye to the light; the patients do not open their eyes except in the dark, or by a feeble light. The little patients are likewise very sensitive to noise, and are tormented by internal anguish and restlessness in consequence of it. The alvine evacuations are generally suppressed, and when they occur they are viscid, tenacious, brown. The face is generally pale, the features are altered, distorted, the nose is always dry, the lips are pale or of a faint dark-red, cracked in consequence of the heat. According to Gœlis, a pathognomonic symptom is the collapsed state of the bowels, without any increase of the alvine evacuations. There is scarcely ever any characteristic fever present. The pulse is small, irregular, very changeable, frequent, now and then intermitting, or beating more feebly. There is a disposition to sleep, but the sleep is restless, attended with grating of teeth, fancies, starting as if in affright.

§ 266. This stage is characterized by a number of definite symptoms, and it would seem as though it

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were possible to adopt a definite course of treatment in regard to it. But this is not so. Different constitutions require a different treatment, and the other morbid phenomena are frequently present, which complicate the original disease. Be that, however, as it may, it is absolutely necessary to commence the treatment with *Aconite*, which frequently changes the disease to a milder form.

If the physician should be in doubt respecting the propriety of exhibiting Aconite, he will have to resort to *Belladonna*, which is the next most suitable remedy after Aconite.

If Belladonna should prove useless, I give ***Zincum***, second or third trituration, every two hours. In every case where Zincum was administered, the disease yielded in from 12 to 24 hours, except some languor, for which I continue the Zincum until every vestige of the disease has disappeared.

Beside those remedies, *Hyoscyamus* and *Stramonium* may prove useful in some cases. The former is indicated by a bright-red face, throbbing of the carotids, glistening, staring eyes, wild looks, convulsive motions of the eyes, unquenchable thirst, etc.; the latter is indicated by similar symptoms attended with wild delirium and violent congestion of the head.

If this stage should have been occasioned by eruptions, scarlatina, whooping-cough, etc., the treatment is the same, as those causes do not affect the character of the disease, and cannot be removed. If abdominal difficulties, derangement of the digestive functions, dentition, scrofula, etc., should be present, the treatment has to be combatted accordingly. *Pulsatilla*, *Bryonia*, *Calcarea*, *Chamomilla*, etc., will frequently prove of service.

§ 267. The second stage, the stage of exudation, effusion of serous and lymphatic fluid, sets in in consequence of bad treatment in the former stage, or in individuals endowed with excessive sensibility and feeble constitutions, persons who have been suffering from their infancy, and are deficient in reactive power.

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This stage is characterized by a sort of insensibility, which is probably owing to the pressure on the brain. The child which was restless in the former stage, now becomes dull and stupid; the child lies quiet, is unable to be on his feet, or to keep his head erect. The eye, which was extremely sensitive to the light in the former stage, becomes insensible; the pupil dilates; the visual power is feeble; diplopia takes place; optical illusions set in; the child stares, and frequently squints. The pulse becomes slower, feebler, but remains irregular. The urine is frequently passed involuntarily, and without the patient being conscious of it; the bowels are closed. The patients sink into a state of sopor, with their eyes half open; they moan and groan on awakening, or grasp at their heads and stomachs. On raising the patient, we observe in him anguish, restlessness, a spasmodic cough, and still more frequently, vomiting, are apt to set in; the grasping at the head continues, but there are situations where the head feels relieved. All these symptoms, which denote a diminution of cerebral reaction, generally increase towards the end of this stage. In this stage the children take some nourishment, particularly in a recumbent posture. If the disease should not be arrested in this stage, it passes into the third stage in three or four days.

§ 268. Gœlis proposes to exhibit *Digitalis* in the second stage. This does not seem to be irrational treatment, though, in our judgment, *Arnica* is a more powerful agent in the second stage than Digitalis. If Arnica be the most powerful remedy to absorb the extravasated fluid consequent upon contusions, swellings, and mechanical injuries, why should it not likewise prove a powerful agent in absorbing extravasated fluids occasioned by internal causes? We know now, from experience, that repeated doses of *Arnica*, as well as Digitalis, are eminently useful in the second stage of hydrocephalus.

Beside these remedies, the following may likewise prove useful: *Belladonna*, provided it has not been employed without effect in any of the former

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stages; *Stramonium*, which is particularly useful when strabismus and other spasmodic symptoms, particularly spasms of the chest, are present; and lastly, *Rhus tox.*, which is considered an important remedy by some. Other distinguished remedies in this stage are *Artemisia* and *Cina*. This remedy is particularly useful when the sphincter muscles are partially paralyzed, when the child bores with the finger in his nose until blood makes its appearance. *Hyoscyamus* may likewise prove useful when paralytic symptoms have set in. *Mercurius vivus* should not be overlooked.

§ 269. In the last stage, that of paralysis, we observe phenomena denoting an excessive derangement of the cerebral functions and paralysis of the nervous system. Stupor and sopor increase more and more the paralytic attacks in number and intensity, the pupil is paralyzed, complete deafness and blindness, and paralysis of the extremities, set in. The tongue becomes dirty-looking, black, the breath is fetid, respiration is short, anxious, spasmodic. Symptoms of a febrile condition make their appearance; the pulse is excessively irregular, hurried, small, spasmodic, intermittent; the skin is burning-hot, and dripping with sweat, hands and feet feel alternately cold; hectic, circumscribed redness alternates with great paleness in the face. All sorts of spasms of the facial muscles, œsophagus and extremities, singultus, epileptic and tetanic spasms, make their appearance. Miliaria frequently breaks out before death.

§ 270. If the disease should have progressed so far without having been in the least influenced by the treatment, medicine will prove totally useless in this stage. Slight relief, however, may be afforded by *Aconite*, if the febrile symptoms should be very violent; even the spasms may be somewhat diminished; and by *Ipecacuanha* or *Ignatia*, if the spasmodic symptoms should be the more marked. *Opium* is an excellent remedy if the sopor should be very obstinate, and the child, with his eyes half open, should not recover his senses. In general spasms with the head drawn

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backwards, the patient should smell, every five minutes, of a solution of *Camphor*. If the symptoms should have abated, it would be proper to put a few globules moistened with the sweet spirits of nitre on the child's tongue, or, in case of lock-jaw, to hold the open vial containing the spirits of nitre for a few seconds under the child's nose. In some cases, *Moschus* may prove of great service.

Inasmuch as we do not know of any remedy which might be used with anything like certainty in the last stage of hydrocephalus, I may be permitted to suggest *Indigo* among the physiological effects, of which we remark the following: Sensation as if the head were enlarged and more prominent; undulating motions; warmth and sensation as of boiling water in the occiput, etc.

§ 271. I shall conclude with a few remarks which seem to me of some importance.

It is frequently difficult, even for experienced physicians, to diagnose the disease in its first stages, more especially for this reason, that the disease seldom exists among children as an idiopathic disease, characterized by peculiar symptoms, and that it generally comes on slowly, in consequence of dentition, acute cutaneous eruptions, or diseased condition of the reproductive organs. It is easily confounded with worm-fever, though such symptoms of the latter affection as resemble hydrocephalus never last with anything like permanence, but exhibit long intermissions.

The most dangerous kinds of hydrocephalus are those which arise from acute diseases, particularly eruptive diseases by metastasis. Gœlis terms such cases of hydrocephalus "hydrocephalic apoplexy." In chronic hydrocephalus the interference of art is most available, especially in the first stages, which last longer and exhibit even, at times, a decrease of the symptoms. If the physician be sent for in time, he will generally be able to save the patient. This variety of hydrocephalus arises most frequently from external injuries, blows, or a fall on the head. The treatment differs from the course which has been de-

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scribed in the preceding chapter, even from the commencement. The specific remedy for such cases is *Arnica*, internally and externally. For the external application, I use one portion of the tincture of Arnica to one, two, or three portions of pure water, and continue the application as long as any pain or other morbid symptoms remain.

§ 272. *Spinitis, meningitis spinosa, myelitis, inflammation of the spinal marrow.*

In myelitis, as well as in encephalitis, the membranes and substance of the marrow generally suffer simultaneously, and we therefore prefer describing the symptoms in one group, as we did in encephalitis. The disease is characterized by a more or less violent burning-stinging, tearing pain, along the course of the spinal marrow, frequently resembling a rheumatic pain. The patient feels the pain deep-seated, not in the muscles or bones, which can be pressed upon without increasing the pain; it is most violent on bending or moving the spinal marrow, and is sometimes intolerable in a recumbent posture, particularly in bed. The patient is able to lie on either side, but on turning has to keep the spinal marrow straight and rigid, on account of the pain. In some cases the pain remits at first, but soon becomes permanent. The pain not only extends over a large portion of the spinal marrow, but spreads also to the chest, shoulders, abdomen, thighs, according as one or the other portion of the spinal marrow is inflamed, and frequently occasions a troublesome drawing in those parts. In the later stages of the disease, clonic spasms are experienced in the extremities which are nearest the seat of the inflammation, not in the face; these spasms are apt to come on or to get worse in consequence of pressing on the spinal marrow, or of quickly moving the trunk. The same remark applies to painful paraplegia.

The patient complains, moreover, of chilliness, anguish, unnatural, unpleasant warmth, or, in the more violent cases, of excessive heat in the spinal marrow,

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particularly in the most painful part of it; the pulse is accelerated, the skin hot, profuse sweats set in. The head is free, without pain or heaviness, (except when the inflammation extends to the brain, in which case delirium, dysphagia, etc., set in,) the eye is bright, open, moves freely, consciousness is undisturbed, even during the convulsions.

The nearer the inflammation reaches the head, the more difficult it is to move the latter, or to swallow. The nearer the chest, the more the chest, shoulders, and hypochondria are affected. In myelitis lumbalis, the pain extends to the bowels, thighs, and pelvis.

§ 273. Myelitis occurs most frequently among young subjects and persons of robust constitutions. It frequently arises from mechanical causes, blows on the back, contusion of the back, concussion by a fall, dislocation and fractures of the vertebræ; from cold, exposure to wet, rheumatism, etc.

Myelitis generally runs a rapid course, particularly when the disease arose by metastasis from exanthematic diseases, or from dysmenorrhœa. The disease terminates: (1.) In recovery, with gradual disappearance of the symptoms, and the development of the critical phenomena generally attendant on fevers. (2.) In exudation, suppuration, and softening, with increase of the paralytic symptoms. (3.) In death, which generally ensues in consequence of the last-named conditions. Paralytic conditions frequently remain, which disappear either gradually or not at all.

The prognosis is generally unfavourable; it is most favourable when the disease arises from some mechanical cause. Copious sweat, hardness of the pulse, and delirium, are said to be fatal symptoms.

§ 274. The treatment should generally commence with *Aconite*, even if the fever were not a true synocha; but if the pulse be quick and bounding, Aconite is the first remedy to be administered, no matter where the inflammation may be seated.

Although *Bryonia* is supposed to be indicated in all affections which get worse by motion, yet it is only

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indicated in myelitis when the disease is seated in the lumbar and sacral regions, when the adjoining abdominal organs are likewise affected, and the alvine evacuations are difficult.

Nux vomica is more suitable in chronic myelitis without scarcely any fever. The inflammation in this case holds a middle rank between acute and chronic rheumatism, the interior of the vertebral column being principally affected, and the abdomen remaining more or less free.

I have seen some cases of myelitis arise from imperfectly developed acute exanthems, particularly scarlatina and measles, the symptoms setting in with so much violence that every motion occasioned the most horrid pains. The joints of the extremities were likewise affected, their motion being impeded in consequence. There was considerable fever, but not acute, and there seemed to be a tendency to exudation. *Dulcamara* proved the best remedy, even if exudation had threatened to set in, or had actually taken place.

Belladonna is a principal remedy in this disease, particularly when arising by metastasis from the above-named acute eruptions, or when the disease is seated in the upper part of the spinal marrow.

I am unable, for want of experience, to point out more specifically the symptoms to which the above-mentioned remedies correspond. There are other remedies, which may likewise prove available, such as *Pulsatilla*, *Arsenic*, *Digitalis*, etc., when the chest is involved, with paroxysms of anguish, palpitations of the heart, etc.; or *Veratrum*, *Ignatia*, *Cocculus*, etc., when spasmodic conditions of the abdomen, a feeling of coldness, etc., are present.

§ 275. *Otitis externa et interna, inflammation of the outer and inner ear.*

These two kinds of inflammation, if arising from an internal cause, are generally found united. They are generally accompanied with cerebral suffering, particularly if the inflammation of the inner ear be very prominent.

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These inflammations are characterized by the following symptoms: Heat, redness, and swelling, which frequently closes the meatus auditorius externus, particularly when the outer ear is inflamed, and spreads even over the adjoining parts. In internal otitis the pain in the inner ear is extremely violent, burning, stinging, tearing, boring, throbbing; it is aggravated by the least motion, extends frequently over the whole head, and affects even the brain; this is the cause why otitis is apt to be accompanied with symptoms of cerebral inflammation. The meatus is exceedingly sensitive, a humming and roaring are perceived in the ears. There is violent fever, with furious delirium, vomiting, coldness of the extremities, great anguish, convulsions, fainting turns, throbbing of the carotids and temporal arteries, etc.

Under allœopathic treatment, this kind of otitis is very apt to terminate in suppuration. Such a result has never occurred to me in my practice.

The disease generally sets in in consequence of a cold; but it may likewise occur in consequence of inflammation of some adjoining organ extending to the ear, or in consequence of the suppression of acute and chronic cutaneous eruptions, particularly the itch. I have likewise observed otitis in conjunction with secondary syphilis.

§ 276. The treatment of otitis is pretty much the same in all cases, no matter by what cause the disease may have been originated. If the symptoms of cerebral disturbance should be most prominent, the remedies will have to be chosen with especial reference to that state of things.

Experience has induced me to consider *Pulsatilla* as the true specific for otitis with delirium, horrid pain, swelling of the internal meatus, ear, and adjoining parts. According to Hahnemann's provings, *Pulsatilla* should not be given when there is much thirst and costiveness; although these symptoms are constantly present in otitis, yet I have always given Puls. with success.

Although Puls. is the specific remedy for otitis when

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the inflammation attacks simultaneously the inner and outer ear, and is equally violent in either part, yet there are cases where *Belladonna* is the best specific, especially when symptoms of cerebral inflammation, a painful tightness in the head, delirium and rage, convulsions and fainting turns, aphony, and the like, are prominent symptoms. For the latter symptom, *Rhus tox.* might likewise be used with success. Other remedies are: *Bryonia, Aconite, Mercurius, Hepar sulphuris, Cantharides, Calcar.*, etc.*

§ 277. *Ophthalmitis, ophthalmia, inflammation of the eye.*

It is impossible to furnish a correct description of the various inflammatory conditions to which the eyes and eyelids are subject, inasmuch as not only the morbid condition of the eye, but also the general pathological state of the patient, mode of life, age, sex, constitution, and particularly the exciting cause, have to be considered in the treatment. There is much which remains yet to be observed in these affections, and for which the physician has to rely upon his own judgment. This must enable him to determine the true character of the morbid symptoms, and thus to supply the deficiencies of our Materia Medica. It is a misfortune that the eye symptoms should have been observed by provers who did not possess a correct knowledge of the diseases of the eye.

It is not my intention to give a minute description of all the various inflammations of the eye; I shall content myself with indicating some of the remedies that are most suitable in inflammation of the eyelids or eyeball. These scanty indications will be sufficient to guide the homœopathic physician in the treatment of all other cases of ophthalmia.

* *Belladonna* is chiefly indicated when the ear looks like a mass of raw flesh, with bloody, fetid discharge, and agonizing pain extending deep into the head, swelling of the mastoid process, and parotid glands, etc.
Mercurius is indicated by confused noises in the head, with sensation as if water were rolling through the head, excessive pain in the inner ear, extending along the ascending plate of the jaw, yellowish discharge from the ear. The pain is worse at night, etc.

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By inflammation of the eye, we generally understand an inflammation of the conjunctiva, which is generally more or less involved. From the conjunctiva the inflammation may spread to the adjoining parts, the sclerotica and cornea, or even the iris and retina. Let us first treat of inflammation of the conjunctiva and of the remedies which correspond more particularly to that state.

§ 278. *Erysipelatous ophthalmia.*

Sometimes only one eye is affected, but the inflammation frequently passes to the other eye after a short time. The whole conjunctiva exhibits a pale-red tinge, with yellowish-red, moveable, vesicular formations, arising from a serous infiltration of the conjunctiva, and sometimes increasing to such a size that they protrude between the eyelids and impart a very strange appearance to the patient. The eye is very sensitive to the light, the pain is tensive and burning, but not very intense. There is much lachrymation, and an increased secretion of mucus. Sometimes there is fever. In the second stage of the disease the inflammation is more intense, and the vesicular formations increase in size. The conjunctiva is very much injected and even ecchymosed here and there. Pain, photophobia, and secretion of mucus, exist to a much greater degree in this stage.

Erysipelatous ophthalmia is most frequently occasioned by cold, sojourn in damp and cold air, by washing, scrubbing, etc.

The symptoms of the first stage are principally relieved by *Aconite.* If the fever and the inflammatory symptoms should have subsided, and an aching or burning pain should still remain behind, *Hepar sulph.* is then the most suitable remedy. *Belladonna* is indicated if the inflammation arise from a true erysipelas of the face; but if the inflammation should be very violent, *Hepar s.* will be preferable to Belladonna. In the second stage, however, if the inflammation should be so intense, the ulceration of the conjunctiva so extensive, and the secretion of purulent

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mucus so profuse, that the eye can only be opened with difficulty, then *Sulphur* is required after Aconite. It is particularly indicated when the inflammatory vesicles, redness and swelling of the conjunctiva are characterized by an itching, burning, and a feeling of painful dryness. Sulphur acts best in this case, after the previous exhibition of Belladonna. *Causticum*, *Lycopodium*, and *Arsenic*, are likewise useful in this disease; the latter particularly, when the inflammation of the eyelids is so violent that it is impossible to open them.

Traumatic ophthalmia, as may arise from the pressure of a hard object on the eye, is very similar to the second stage of erysipelatous ophthalmia. In such a case, *Arnica* should be used internally and externally, and if the inflammation should nevertheless continue, *Aconite* should be given, after which *Sulphur* or *Calc.* are indicated. However, it is not always possible, in such a case, to prevent the atrophy of the organ, which sometimes follows the hypertrophy.

§ 279. *Catarrhal ophthalmia.*

This inflammation generally affects both eyes, attended with catarrh, cough, and catarrhal fever. The inflammation and redness of the eye generally proceed from the canthi; soon, however, this redness, which has a yellowish, dingy tinge, extends over the whole conjunctiva; the cornea sometimes becomes a little dim, though it generally remains clear. If the inflammation be not arrested, phlyctænæ form around the cornea, which sometimes break and induce ulceration. The patients have a sensation of burning and pressure in the eyes, as if sand had lodged between the eyelids. Lachrymation, and subsequently, secretion of mucus, are very considerable. Evening exacerbations are generally present.

The disease is brought on by exposure to damp, cold, rough weather. Contagion takes place by transferring the secretions of the affected eye to a sound one.

Chamomilla is an excellent remedy for such an in-

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flammation, when the scleratica is not very much inflamed, when there is no lachrymation, when a sensation of pressure is experienced on opening or closing the lids, with agglutination of the lids and slight catarrhal fever.

Nux vom. will be found of very little use in this kind of ophthalmia, except when the symptoms correspond exactly.

Belladonna, *Euphrasia*, and *Arsenic*, are principal remedies in this kind of inflammation.

Belladonna deserves a preference when there are violent congestions of the head, when the conjunctiva and sometimes even the scleratica are very much injected, when a painful photophobia, very little secretion, and even a painful dryness of the eyes, are present. It is more particularly indicated by profuse coryza, making the nose sore, by paroxysms of a short, spasmodic, dry, hacking cough, and similar catarrhal symptoms.

Euphrasia is indicated by similar symptoms as Belladonna, except the profuse secretion of tears and mucus, which is not characteristic of Belladonna. *Euphrasia* is more particularly indicated when the inflammation is rather extensive, when the conjunctiva and sclerotica are very much injected, and phlyctænæ or little ulcers have formed around the border of the cornea. Profuse coryza, with violent headache, and evening exacerbations, are other indications for the use of Euphrasia.

Ignatia is indicated when the perceptible symptoms of the inflammation are less marked; when there is little redness, but a violent aching pain in the eyes, profuse lachrymation, and violent photophobia, attended with fluent coryza.

We would refer the reader to the remedies for catarrh and catarrhal fever contained in § 34, etc.

A constitutional disposition for catarrhal ophthalmia, exposing one to catarrhal affections at every little change of the weather, requires the use of the antipsorics. However, the remaining sensitiveness of the eyelids, which induces a redness of the mar-

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gins of the lids whenever the least change takes place in the weather, sometimes yields to a single dose of *Nux vom.*, particularly when the patient complains of congestion about the head, brought on by the abuse of spirituous drinks.

If the eyes and eyelids should be very sensitive, with diminution of sight, scintillations, luminous appearances before the eyes, obscuration of sight, and even paralysis of the optic nerves, *Belladonna* will still prove useful, though *Digitalis, Aurum, Dulcamara, Phosphorus, Sepia, China, Causticum, Sulphur*, etc., may likewise be indicated.*

§ 280. *Rheumatic ophthalmia.*

In rheumatic ophthalmia, the pains are sticking and tearing, and aggravated in warmth. It is generally attended with other rheumatic pains, a tearing headache on the affected side, toothache, etc. The whole eye is red, with intense photophobia and profuse secretion of tears. This kind of inflammation is more dangerous than any other, in this respect, that it is disposed to spread from the conjunctiva to the other membranes of the eye, giving rise to corneitis and iritis. If the cornea should be invaded, ulcers and their products, to which they give rise, soon make their appearance.

In the commencement of the disease, and if the inflammation should be slight, *Pulsatilla* will relieve the pain, *Bryonia* remove the inflammation. *Rhus tox.*, particularly after Aconite, may likewise suffice to control the pain and inflammation.

If the pressure in the eyes, the photophobia, lachrymation should be increased in the open air; if the eyelids should be agglutinated in the morning, with a feeling of heat in the eyes; if the iris should likewise be inflamed, *Clematis erecta* is the most suitable remedy.

* One of the most important remedies for catarrhal ophthalmia is *Aconite*, particularly in nervous individuals. Even in mismanaged cases of this kind, with extensive ulceration of the conjunctiva, deep-seated aching, and sore pain in the eyeball, boring or sharp-aching pain in the frontal sinuses, *Aconite* is the specific remedy, even if there should be little or apparently no fever.—*Hempel.*

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If the tearing pains should have become intolerable, if the inflammation should have extended to the cornea, with decrease of the photophobia, but increased intensity of the hemicrania, *Euphrasia* will be found eminently serviceable. The remaining symptoms will then yield to *Sulph.*, *Calcarea*, or *Causticum.*

§ 281. *Arthritic ophthalmia.*

This kind of inflammation is principally seated in the sclerotica, iris and conjunctiva, and lastly reaches the cornea. The pain is violently boring, digging, either in the eyeball or bones of the skull; it is changing, subject to the influence of the weather, aggravated by feather-beds. The eye is of a rose colour, less in the canthi than towards the cornea, which is surrounded by the injected and varicose vessels as by a wreath. This wreath of varicose vessels furnishes a characteristic distinction between arthritic and syphilitic iritis. In the latter affection the wreath is close around the iris, from which it is separated in arthritic ophthalmia by a narrow, whitish band. There is much photophobia, and sometimes even scintillations. If the inflammation be not speedily arrested, the iris changes its colour, and the pupil contracts; it becomes dim, extravasations are seen through the pupil, and the cornea becomes dim and opaque. Pannus may set in, or else an ulcer with a varicose ulcerated border is observed on the cornea. A mismanaged inflammation of this kind may, beside pannus, lead to bypopion, chronic corneitis, atrophy of the eyeball.

In some cases the inflammation commences from within, and extends towards the front part of the eye. The sclerotica and iris are violently inflamed. The pains are less intense than in the former variety, there is less redness, only single vessels appearing injected. The pupil however is dilated and distorted, the margin of the pupil is indented, with a greenish-white colour behind, showing that the capsule is invaded (cataracta glancomatosa.) In this case the visual power disappears entirely, the periodical pains become

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violently tearing, and spread over the whole side of the head; profuse lachrymation is present. An abscess is apt to form behind the lens, with increase of pain, and breaking anteriorly sooner or later. In ordinary and not too violent cases, the disease terminates in atrophy of the eyeball. Arthritic ophthalmia runs a chronic course.

This inflammation arises from anomalous gout, whether it have shown itself already or make its appearance afterwards. Sometimes, however, the disease, particularly the internal inflammation, sets in, without any symptoms of arthritis being present.

In regard to treatment, we can only furnish a few indications on account of the great variety of the symptoms, and invite the practitioner to obtain as comprehensive a knowledge of the Mat. Med. as possible, in order to be prepared to meet every case of such inflammations by an appropriate remedy.

The treatment should be commenced with *Aconite*, if the usual inflammatory phenomena, fever, bounding pulse, etc,, be present. If Aconite should not be clearly indicated, if there should be much lachrymation and photophobia, with arthritic pains around the eyes, and symptoms of violent congestion about the brain, *Belladonna* would be the most appropriate remedy.

Spigelia is more particularly suitable when the inflammation has reached the more deep-seated tissues of the eye. It is indicated when the above-mentioned wreath of vessels around the cornea is distinctly perceptible, when the eyeball exhibits a number of varicose vessels, the patient complains of a sensation as if the eyeballs were swollen, the power of vision is undiminished; the pain is a violent sticking, boring, digging pain, proceeding from the interior of the eye towards the inner canthus; the pain obliges one to keep one's eyes closed, and, on opening them, objects seem to be floating in fire.

Colocynthis is an excellent remedy when the pains are seated in the eyeball itself, not in the surrounding bones, and of a burning-cutting character. Particular indications for Colocynthis, are: Congestion of the

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head, photophobia, lachrymation, pressing and tearing pain in the whole brain, which is most violent in the forehead on moving the eyes ever so little; anguish, which drives the patient from one place to another.

Chamomilla is of not much use, except in very mild cases; and *Nux vom.* helps when the inflammation arises in the first place from excessive living.

If ulcers should have formed on the cornea, if the pupil should have become contracted, and should exhibit the above-mentioned whitish-green colour in the back-ground, *Euphrasia* is the appropriate remedy, especially when a rash has broken out around the eyes.

In internal arthritic inflammation. *Belladonna* is the principal remedy. The inflammation of the retina which frequently attends this disease, likewise yield most readily to Belladonna, when, beside the symptoms which have already been mentioned, the patient complains of a distressing, aching pain over the eyes, with pain in the eyeballs as if they would be torn out of their sockets or pressed into the head; the patient sees flashes and sparks before his eyes. particularly when congestions of the head are present, with more or less amblyopia; muscæ volitantes make their appearance, surrounded with a bright, fiery border, and gradually disappearing as the amblyopia increases. If these phenomena should be accompanied with inflammation of the choroidea, iris and sclerotica, if the pupil should be indented and dilated, the physician should not consider those symptoms as a counter-indication to Belladonna, and employ Euphrasia, Pulsatilla, Sepia or Calcarea in its stead. If the inflammation threaten to terminate in amaurosis, *Belladonna* sometimes averts the danger. *Phosphorus*, *Caustic*, *Hepar sulph.*, *Aurum*, *Rhus tox.*, *Silic.*, *Natrum mur.*, *Sulphur*, *etc.*, are very efficient agents in this inflammation. Beside the cases which have been mentioned as indicating *Bellad.*, this remedy is likewise useful when this kind of inflammation set in suddenly, or after simple ophthalmia, or after taking cold in the eyes when they were heated. In the latter case, *Dulc.* and *Tartar emet.* are likewise useful. Under

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such circumstances amaurosis sets in gradually, the patients see things as if covered with a black gauze, black points or flocks or spots with various colours hover before the eyes, which go and come; the patient is frequently seized with violent vertigo, which generally terminates with considerable diminution of the visual power and violent headache. When amaurosis thus threatens to set in, the following remedies should be thought of in conjunction with those mentioned above: *Puls.*, *Dig.*, *Sepia*, *China*, *Capsic.*, *Ruta*, *Secale*, *Zincum*, *etc.*

Sulphur, which is an admirable remedy in all kinds of arthritic affections, is likewise eminently useful in arthritic ophthalmia, and frequently requires to be given immediately after Aconite.

§ 282. *Scrofulous Ophthalmia.*

Scrofulous ophthalmia occurs more frequently than any other variety of inflammations of the eye. It generally attacks children, scarcely ever persons who have past the age of pubescence. The inflammation is principally seated in the conjunctiva, but sometimes in the cornea. The conjunctiva of the eyeball is very red, bundles of varicose vessels run towards the cornea, and the sclerotica exhibits a rosy tinge. Photophobia, which sometimes increases to spasm of the eyelids, profuse discharge of corrosive tears, increased secretion of mucus, are almost always present. These symptoms are worst towards morning, and decrease towards night. The eyelids are likewise reddened, and continue so, even after the real inflammation has been relieved. If the cornea be affected, it becomes dim, in consequence of extravasation of lymph, or phlyctænæ form, which sometimes pass into ulcers. Patients affected with this disease are liable to relapses. Scrofulous ophthalmia has been divided into erethic and torpid, according as the disease runs a more or less rapid course; the former is found in children of a sanguine disposition, the latter in children of a phlegmatic disposition and bloated appearance.

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Pulsatilla is particularly indicated at the commencement of the disease, when the following symptoms are present: redness of the lids and conjunctiva, aching-stinging pain in the eye, photophobia and discharge of corroding tears, profuse secretion of mucus, nocturnal agglutination of the eyelids. *Euphrasia*, *Nux*, *Ignatia*, or *Ferrum* are sometimes indicated by the symptoms. In some cases, where the disease was distinctly worse in the morning, *Nux v.* has proved very useful. *Hepar s.* is one of the best remedies in this disease; I have given it with the best result at the commencement or acme of the disease, and even when the cornea had become completely dim. I gave two or three grains of the 2d or 3d trituration at a dose, two or three times a day.

Belladonna is a suitable remedy when the disease has somewhat progressed, and the above-mentioned bundles of varicose vessels have made their appearance, extending into the cornea; when the sclerotica looks red and phylyctænæ have formed at the termination of the vascular bundles, changing to ulcers; when the patient complains of painful pressure in the eyes, which increases by turning them up when photophobia is occasioned by the inflammation; and when the symptoms which have been enumerated under catarrhal ophthalmia are present, and the disease is aggravated by the least cold, or by a sudden spell of cold and damp weather during the fine season. Sometimes, however, this remedy is not sufficient. and we have to give *Sulphur*, *Calcarea*, *Sepia* or *Causticum*.

The alternate use of *Sulphur* and *Calcarea* in this disease is frequently attended with the most brilliant results; I give Sulphur one day and Calcarea the next, using the 2d or 3d trituration. By this means I have frequently cured scrofulous ophthalmia of years' standing in a week or a fortnight. *Conium macul.* is likewise indicated by the above symptoms, except that the photophobia results from the morbid action of the optic nerve, and not from the inflammation of itself.

For the pustules and ulcers which sometimes form on the sclerotica or cornea, and leave herpes and

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scars, the following remedies are used with benefit: *Nux v., Dig., Euphrasia, Hepar s., Cannab., Sulphur, Calc., Silic., Sepia. Rhus tox.* is an excellent remedy in scrofulous ophthalmia, when accompanied with scrofulous or herpetic eruptions in the face. *Staphysagria* has likewise been used with benefit.

If the inflammation should resist any of the above remedies, in that case a few doses of *Arsenic*, either alone or in alternation with *Euphrasia*, will cure the disease in a short time.

We refer the reader to the second part of this work, where he will find a detailed description of the treatment to be pursued for scrophulosis; for, in most cases, a scrofulous inflammation of the eyes will not yield till the source from which the disease springs has been eradicated.

§ 283. *Blepharophthalmitis glandulosa, blepharoblennorrhœa, inflammation of the Meibomian glands.*

This disease is in many cases a sequel of other inflammations, such as catarrhal ophthalmia. The lightest degree of this disease is a mere blennorrhœa of the canthi (lippitudo.) The higher forms of the disease are accompanied with burning and itching of the eyelids and a feeling of dryness in the eye which is particularly violent towards evening. The secretion of mucus is likewise worse towards evening, causing an agglutination of the eyelids over night. On looking at candle-light, the patient experiences a sensation of heaviness in the eyelids, obliging him to close them. The inner surface of the lids is red, and has a velvety, puffed-up appearance. Sometimes, in the highest forms of the disease, the eyelids become excoriated. This kind of inflammation is frequently very obstinate, or is excited again by the least exertion.

The disease may be caused by the action of deleterious substances, or by catarrhal causes; it may likewise spring from dyscrasia, gout, scrofula, syphilis, (see the paragraphs where this disease is treated,) or from old age (ophthalmia senilis.)

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For the milder form of the disease, *Euphrasia* is an excellent remedy, particularly when it arises from cold, and photophobia is present. If the inflammation should be very acute, with profuse secretion of mucus, *Clematis erecta* or *Spigelia* is to be exhibited. *Digitalis purp.* has been found very efficient in many cases, particularly in chronic blear-eyedness; the patients complain particularly at candle-light of a sensation of burning dryness about the margins of the eyelids, with swelling of the lower lid. If the inflammation should terminate in suppuration or ectropium, whether it be painless or attended with stinging, burning and itching, a few doses of *Mercurius* followed by *Hepar sulp.* should be given. *Belladonna* will prove useful after Mercurius, when the eversion of the eyelid is accompanied with twitching, trembling, and blinking of the lids, or when the lids are paralyzed and droop (blepharoptosis.) Next to Belad., *Sepia* deserves to be recommended for the latter affection. In most cases, however, *Digitalis* diminishes the inflammatory symptoms, and changes the disease to a form which requires *Sulphur* for its complete removal.

Heaviness of the eyelids, which frequently increases to a spasmodic closing of those parts, (blepharospasmus,) yields most readily to *Hyoscyamus*, *Chamom.*, or *Crocus*. If these remedies should not prove sufficient, *Veratrum*, *Stramonium*, *Hepar sulph.*, or *Tinctura aeris* or *Causticum* are indicated.

§ 284. If the inflammation should be confined to a single Meibomian gland, or a circumscribed portion of cellular tissue, the disease is termed hordeolum or stye. It sets in with a sensation of pressure or itching, a narrow spot on the eyelid becoming gradually raised and red. This small tumour either disperses or suppurates. In the former case the trouble does not last long. The swelling may likewise become hard, (chalazion.) The disease is seldom accompanied with conjunctivitis, photophobia, or acute pain. It is apt to recur when patients are constitutionally disposed to it.

The disease either arises from dyscrasia, or in con-

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sequence of blepharoblennorrhœa. To remove it, the patient should be kept under a strict diet, and should take *Pulsatilla*, which prevents the suppuration. If it should set in frequently, particularly in scrofulous subjects, with obstinate stoppage and ulcerated crusts in the nose, redness and swelling of the eyelids, *Aurum* is said to be a specific remedy. *Staphysagria* will be found an excellent remedy when the stye becomes indurated, and the indurated stye shows a disposition to torpid inflammation, with agglutination of the lids over night. If Staphys. should prove unavailable, *Silic.* will be found the best remedy. In some scrofulous children I have removed a disposition to styes, together with the scrofulous disease, by a few doses of *Sulphur* and *Calc. carb.* *Graphites*, *Lycop.*, *Rhus t.*, *Con.*, etc., deserve likewise our attention.

§ 285. *Ophthalmia neonatorum.*

This disease generally affects the eyelids only; if the inflammation should be violent, the conjunctiva and even the whole eye are sometimes invaded. At first one or both lids swell and close the eye. A few hours after the swelling commenced, a profuse secretion of mucus sets in from the Meibomian glands, which should not be confounded with pus. The cornea is sometimes attacked and remains dim for some time. I have seen blood discharged from the eyes previous to the secretion of mucus taking place. This may lead to important defects of the eye afterwards, and generally results from a constitutional dyscrasia. (See my cases, Arch. VI. 2, p. 30.)

Feeble infants which were not born at full term, are predisposed to such affections. Other predisposing causes are: bad diet, washing infants in unclean water, exposure to glaring light immediately after birth, infection during parturition with fluor albus, exposure to cold or draughts of air.

Slight cases are cured by frequently washing the eyes with a clean sponge dipped in tepid water. If this should not be sufficient, a little *Aconite*, and, if the disease should not entirely yield, *Euphrasia* have

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to be exhibited. *Ignatia* is likewise recommended by many.

If the disease should be attended with diarrhœa, soreness of the genitals, flaccidity of the muscles, miliary eruptions, restless sleep, etc., *Chamomilla* will prove useful in many cases, which sometimes requires to be followed by *Belladonna*. If the infant be at the breast, it is important to attend to the diet of the nurse or mother, and it will be found that *Nux v.*, *Puls.* or *Bryon.* are indicated; these remedies should then be given to the nursing female. The principal remedy, particularly when constitutional symptoms are present, is *Sulphur*, which only yields to *Mercurius* when the disease arises from contact with syphilitic fluor albus.

§ 286. *Ceratitis, inflammation of the cornea.*

Inflammations of this kind have been spoken of in preceding chapters, to which we therefore refer the reader. We shall here mention some of the most characteristic symptoms of ceratitis, including the treatment.

In most cases this inflammation is chronic. The symptoms are not very striking, on account of the cornea being an organ of inferior organization; there is little redness and pain, but photophobia and lachrymation are always present. The cornea becomes faint, dim, dingy; the power of vision is diminished, and even entirely suppressed, if the dimness should continue. If the inner membrane of the cornea should be seized, the inflammation soon spreads to the iris, but the cornea does not alter its shape. If, however, the substance of the cornea should be affected, this organ assumes a conical shape. This disease is very apt to remain unaltered for a long time. The terminations are: dispersion with exudation of lymph, or suppuration. Pannus, staphyloma, synizesis, etc., sometimes result from ceratitis.

The inflammation is generally caused by injuries of the cornea. Many pathologists are, however, of opinion, that the inflammation would never attain a

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high degree if it were not for some dyscrasia which had been slumbering in the organism, or if it were not complicated with scrofula or rheumatism.

In regard to the treatment, we refer the reader to the previous chapters. In idiopathic ceratitis, *Euphrasia*, *Hepar sulp.*, *Iod.*, *Baryt.*, and *Spig.*, deserve a preference. *Hepar s.* acts best when given morning and night, second or third trituration. It is of particular service when pannus has commenced setting in. If the inflammation should have been caused by mechanical injuries, *Arnica* is probably the best remedy, externally and internally. *Calendula off.*, which has been found of great use in wounds, may likewise be of great service. *Iod.*, *Baryt.*, and the hydriodate of potash, are particularly indicated when the inflammation has become chronic, and is complicated with scrofula.

§ 287. *Iritis, inflammation of the iris.*

This inflammation is generally accompanied with inflammation of adjoining parts. The pain is principally seated in the eyeball, but is often felt in the forehead and occiput, particularly at night. Photophobia is very considerable. The pupil contracts, becomes immoveable, and, if the inflammation should progress, and exudations should set in, the pupil becomes indented, elongated, and the visual power is lost. The iris changes its colour; if brown, it changes to a reddish, and if gray, to a blue-greenish colour. The thickening of the iris is distinctly perceptible. The eye is excessively sensitive, and there is considerable lachrymation. If the inflammation be not speedily controlled, exudations set in, which appear like white specks or bands in the pupil, and impair vision. In the worst case the pupil closes (synizesis). The termination in suppuration, and the formation of hypopion, is less frequent. The disease is always accompanied with fever, which exacerbates in the evening. It runs a rapid course.

It is caused by previous inflammations, traumatic

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ophthalmia, injuries during operations, dyscrasia, gout, syphilis, etc.

In the first stage of the disease, when the inflammation is yet in an incipient state of development, *Aconite* is sufficient to control it: but if pain in the forehead or occiput should already have set in, *Belladonna* will have to be given in the place of Aconite. The alternate use of *Aconite* and *Belladonna* is sometimes commendable. Even if the pupil should have contracted, and have become less dilatable, *Belladonna* will still prove useful. *Cina* is admirable when the contraction and immobility of the pupil is attended with frequent scintillations, great dryness and consequent pressure in the eyes, and when the patient complains of aching, rather than tearing, pain in the head. If the disease should have considerably progressed, the power of vision should be much diminished; or, if exudation should have set in, *Merc. corros.* is most suitable. *Plumbum* is likewise a powerful absorbent of the exuded lymph. *Sulphur*, *Clematis erecta*, and *Zincum*, are likewise of service in this affection, and have to be chosen with reference to the constitutional state of the patient. We therefore refer the reader to the various chronic affections and dyscrasias, which will be treated of in the second division of this work.

THE END.

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